

AID CANCELTION FORM
2009 - 2010

Name: _____	ID / SSN: _____
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I hereby request that my financial aid be canceled for the following session(s) . . . (check one)

- Fall only Spring only Fall and Spring Summer I Summer II Summer I & II

Have you totally withdrawn from class? YES No

If you have totally withdrawn when was your last date of attendance _____

I hereby request the following financial aid program(s) be canceled. (check all that apply)

- PELL grant CAP grant SEOG grant ACG Grant
- Stafford Subsidized Loan Stafford Unsubsidized Loan Federal Work Study
- Alternative/Private Loan Cancel **ALL** my financial aid Other: _____

I am canceling my aid for the following reason(s) . . .

- I am transferring to another school.

New school's name: _____

- I am not or will not be attending Bluegrass Community & Technical College.

- Other: _____

- Check here if you are returning your residual check**

 Student signature (required)

 Date