



2016-2017 Request to Cancel Financial Aid

Student Name _____ Student ID _____

Phone # _____

This form is to request cancellation of financial aid for the semester:

Fall _____ Spring _____ Summer _____

Check one:

- Cancel all of my financial aid, which may include work study, grants, loans, and scholarships.
 - I will not be attending ENMU-Roswell for the 2016-2017 school year

- Cancel only the following funds (check all that apply)
 - Perkins loan
 - Parent Plus loan
 - Direct Subsidized loan
 - Direct Unsubsidized loan
 - Work Study
 - Scholarships (please specify) _____

Please note: If you decline work-study or student loans for the fall semester, they will be cancelled for both fall and spring semesters.

I understand the financial aid I indicated will be cancelled. This form can be faxed to the financial aid office. (Form must be signed by the student)

Student Signature

Date