

2024-2025 Decline Federal Student Aid Form

Student Name _____ CSI ID# _____ Phone# _____

Current Address _____

I am withdrawing from CSI and wish to decline my financial aid for the following semester(s):

- Fall 2024 Spring 2025 Summer 2025

I do not wish to accept any post-withdrawal disbursements of my federal financial aid. If I have not received my federal money, please cancel all of my aid (grants, loans, etc.) for the indicated semester(s) as I have completely withdrawn from classes. **I understand that I may need to repay financial aid funds received this semester and that my student loans will be affected by my withdrawal.**

Student Signature _____ Date _____

OFFICE USE ONLY

- Exit Counseling/Questionnaire/Confirmation page
- Sign and copy Withdrawal Form
- Confirm address /phone number in Student
- Last date of attendance
- SAP Status _____
 - Comp % _____
 - Max Credit
- Comment and put student on hold
 - Remind student that the hold will remain until R2T4 calculations are completed.
 - Cancel 2nd disbursement of loan
 - Remind student that a reinstatement and loan request will be needed

Advisor Signature _____ Date _____