



FINANCIAL AID OFFICE

50 Phelan Avenue, Cloud Hall Room 324 • San Francisco, CA 94112 • ☎ (415) 239-3577

Must submit in person

2018-2019

Student Statement of Decline/Reinstatement

OFFICE USE ONLY

Student Name: _____

CCSF ID#: _____

Please check **only** the changes that pertain to you: The Office of Financial Aid will evaluate your request. If the adjustment requested results in a revision to your award, you will be notified via your CCSF email account.

1. ___ DECLINE AID: Please cancel the aid types checked below for the following period:

Entire 2018-2019 year Fall 2018 Spring 2019 Summer 2019

- ___ Federal Pell Grant
- ___ Federal Cal Grant
- ___ Federal Work-Study
- ___ Federal Direct Subsidized Loan
- ___ Federal Direct Unsubsidized Loan
- ___ Other: _____
- ___ ALL AID

Reason(s):

___ I plan to receive my Pell Grant from: _____
Name of School

___ I plan to transfer. Please place my Cal Grant award on reserve for use at a four (4) year college / university.

___ I will not be attending CCSF.

___ I'm getting close to my Pell LEU of 600% and want to save it for future use.

___ I withdrew from all my classes and I do not want a Federal Pell Grant Post Withdrawal. I want to save it for future use.

2. ___ REINSTATE AID: Please reinstate the aid I previously cancelled at CCSF for:

Entire 2018-2019 year Fall 2018 Spring 2019 Summer 2019

Reason(s): _____

Student's Signature

Date