



Office of Student Financial Aid

Student Financial Aid
Cancellation Form
2018-2019

Student Name _____ KSU ID# _____ Phone # _____

I request my financial aid to be cancelled for the following semester(s):

Fall Semester Spring Semester Summer Semester Academic Year (fall/spring)

If you need another school notified of this cancellation of financial aid please enter a mailing address or fax number below:

School Name _____

Address _____

City _____ State _____ Zip Code _____

Fax Number _____

I hereby authorize Kennesaw State University to cancel any pending financial aid and release all pertinent aid information to my new school.

Student Signature _____

Date _____

I certify that all pending financial aid has been cancelled at the student's request and will be reported to COD.

Financial Aid Representative Signature _____

Date _____

Printed Name _____

Title _____