



Office of Student Financial Aid

Student Financial Aid
TEACH Grant Cancellation
2016-2017

Student Name _____ KSU ID# _____ Phone # _____

I request **all** of my TEACH Grant be cancelled for the following semester(s):

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

I request \$_____ be cancelled from my TEACH Grant for the following semester(s):

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

I hereby authorize Kennesaw State University to cancel or reduce my TEACH Grant as stated above. I agree and understand that after funds have been removed from my account, it is my responsibility to check my Owl Express account. If there is a balance due, based on the above transaction, I will pay the amount to the Bursar's Office within 48 hours to avoid penalties.

Student Signature _____

Date _____

I certify that the TEACH Grant has been cancelled or reduced at the student's request and will be reported to COD.

Financial Aid Representative Signature _____

Date _____

Printed Name _____

Title _____