Financial Aid Office
Confluence – Room 120
Campus Box 206
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-5458
Phone: 303-556-5503
Email: financialaid@ccd.edu
Website: www.ccd.edu/finaid

COMMUNITY COLLEGE OF DENVER

CANCELLATION FORM

Student Name (print): _____

SID#: S_____ Phone: _____

Email: _____@student.cccs.edu
Note: Your official CCD email account is the only email CCD will accept for correspondence.

Student Signature: _____ Date: _____

- **Note:** Students transferring to another college must add that school to their FAFSA. Financial aid does not automatically transfer from one school to another.
- **Note:** Students may be required to return any cancelled funds that have already paid.
- **Note:** We will not cancel funds that have already paid into a student's account unless the student agrees to immediately repay the cancelled funds.

Indicate the year and term to be cancelled:
Semester/Year: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Check only the awards you want to cancel:
☐ Pell Grant ☐ SEOG ☐ CSG ☐ Work-Study ☐ Subsidized Loan
☐ Unsubsidized Loan ☐ Scholarship ☐ All Financial Aid

Exit Counseling is required for all Federal Direct Loan borrowers once CCD enrollment falls below half time.

Indicate the reason for this cancellation request:
☐ Transfer to Another College
Name of College: _____
Note: If transferring to another college, all future disbursements at CCD will be cancelled. Your eligibility will be reviewed if you return to CCD.

☐ Other: _____

Internal Use Only

Completed by: _____
Signature: _____ Date: _____