CANCEL

Coconino Community College
OFFICE OF STUDENT FINANCIAL AID

CANCELLATION FORM

(2016-2017 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

@		
CCC ID#	**Last Name**	**First Name** **MI**
Mailing Address	**City**	**ST** **Zip Code**
- -		
Telephone No. (include area code)	**Email Address**	

Review and complete by checking one of the following boxes. Return the signed form to the Office of Student Financial Aid, only if you want to ***CANCEL*** your application for Federal Financial Aid at CCC for the 2016-2017 Academic Year. **Check only the box that applies to you.**

- ❑ **I will not** be attending Coconino Community College during the following semester(s) and by checking the box(es) and signing below *I request that my Federal Financial Aid Application and Scholarships be cancelled.* (**Please check all semesters that apply.**)
  - ❒ Fall 2016 ❒ Spring 2017 ❒ Summer 2017

- ❑ **I will** be attending Coconino Community College during the following semesters but have not completed my financial aid file and wish to have it cancelled. This will stop any further correspondence.
  - ❒ Fall 2016 ❒ Spring 2017 ❒ Summer 2017

- ❑ I have completed the Federal Financial Aid Application for the 2016 – 2017 academic year (includes Summer 2017). It has been determined that I am ineligible for federal and/or state funding. Please discontinue the processing of my file for Federal Financial Aid for the 2016 - 2017 academic year (includes Summer 2017). I*f applicable, scholarship awards will not be cancelled.*

Student Signature _____ Date _____

OSFA USE ONLY		
Aid cancelled for these semester(s):	Fall 2016 ❒	**Processed by:** **Date:**
	Spring 2017 ❒	
	Summer 2017 ❒	