

### 2026-2027 Decline Federal Student Aid Form

Student Name \_\_\_\_\_ CSI ID# \_\_\_\_\_ Phone# \_\_\_\_\_

Current Address \_\_\_\_\_

I am withdrawing from CSI and wish to decline my financial aid for the following semester(s):

Fall 2026                       Spring 2027                       Summer 2027

I do not wish to accept any post-withdrawal disbursements of my federal financial aid. If I have not received my federal money, please cancel all of my aid (grants, loans, etc.) for the indicated semester(s) as I have completely withdrawn from classes. **I understand that I may need to repay financial aid funds received this semester and that my student loans will be affected by my withdrawal.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*OFFICE USE ONLY\***

- Exit Counseling/Questionnaire/Confirmation page
- Sign and copy Withdrawal Form
- Confirm address /phone number in Student
- Last date of attendance
- SAP Status \_\_\_\_\_
  - o Comp % \_\_\_\_\_
  - o Max Credit \_\_\_\_\_
- Comment and put student on hold
  - Remind student that the hold will remain until R2T4 calculations are completed.
  - Cancel 2<sup>nd</sup> disbursement of loan
  - Remind student that a reinstatement and loan request will be needed

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_