



COMMUNITY COLLEGE OF ALLEGHENY COUNTY

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South Campus 1750 Clairton Road West Mifflin, PA 15122 Ph: 412.469.6241 FAX: 412.237.3177

Financial Aid Adjustment/Cancellation Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

I am requesting that CCAC:

- Cancel all aid (grants and loans)
Reduce my Federal Direct Loan from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
Increase my Federal Direct Loan from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
Reduce my Alternative Loan from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

For the following semesters:

- Fall 20 \_\_\_\_\_
Spring 20 \_\_\_\_\_
Summer 20 \_\_\_\_\_

Reason for Cancellation:

- Transferring to \_\_\_\_\_ School Name
Other \_\_\_\_\_

By signing below, I understand and agree that:

- I must withdraw from classes with the registrar's office. Cancelling my financial aid does not withdraw me from classes.
I am responsible for any balance owed to CCAC resulting from my decision to cancel my financial aid.
If I am not transferring to another school, my student loans will enter their six month grace period and possible repayment. It is my responsibility to contact my lender(s) of any changes.

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

Date \_\_\_\_\_

Notifications of nondiscrimination and contact information can be found at www.ccac.edu, search keywords "notifications of nondiscrimination."