



COMMUNITY COLLEGE OF ALLEGHENY COUNTY

Allegheny Campus
808 Ridge Avenue
Pittsburgh, PA 15212
Ph: 412.237.2589
Fax: 412.237.3171

Boyce Campus
595 Beatty Road
Monroeville, PA 15146
Ph: 724.325.6602
Fax: 412.237.3173

North Campus
8701 Perry Highway
Pittsburgh, PA 15237
Ph: 412.369.3656
Fax: 412.237.3175

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 21
Spring 22
Summer 22

Reason for Cancellation:

- Transferring to School Name
Other

By signing below, I understand and agree that:

- I must withdraw from classes through the registrar's office. Canceling 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, after which I will need to start repaying them. It is my responsibility to contact my lender(s) of any changes.

Student's Signature

Date

Notifications of nondiscrimination and contact information can be found at ccac.edu.