



2024 - 2025 Request to Cancel Aid at TVCC

Student Name

SSN/College ID Number

I am currently applying for financial aid at (other institution) _____. I request that my financial aid be cancelled for the semester(s) below:

Fall _____ Spring _____ Summer _____

Please check which aid you would like cancelled:

- ☐ All aid on account
☐ Loans Only (for above checked semester)
☐ Scholarship from _____

Student Signature

Date

The student has requested the pending or awarded financial aid from TVCC be cancelled for the semester(s) indicated above.

I certify that all aid for the student listed above has been cancelled for the semester(s) indicated. All agencies, and authorities have been notified of the cancellation.

TVCC Authorized Signature

Date