



# DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

## 2019-2020 FINANCIAL AID CANCELLATION & ADJUSTMENTS FORM

Return this completed form to the Financial Aid Office

Scanning Doc Category: Grants  
Doc Type: FA Adjust.  
Form Award Year: 2019  
Status: NEW

_____		_____	
Last Name	First Name	M.I.	Student ID #
_____		_____	
Address		Email	
_____		_____	
City	State	ZIP Code	Primary Contact #

**CANCEL AWARD:** I am currently awarded financial aid and I am requesting to cancel my award.  
**Important:** I understand canceling my award may cause me to owe a balance. If the outstanding balance cannot be paid, this form will not be processed.

**Award:** (check all that apply)

ALL

GRANTS

SCHOLARSHIPS

OTHER \_\_\_\_\_

**Semester:** (check all that apply)  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

**REINSTATE AWARD:** I am requesting a previously canceled financial aid award to be reinstated.  
**Important:** Awards can only be reinstated if they were previously awarded, funding is still available and the deadline has not passed.

**Award:** (check all that apply)

ALL

GRANTS

SCHOLARSHIPS

OTHER \_\_\_\_\_

**Semester:** (check all that apply)  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

**CHANGE REQUEST FOR A TRANSMITTED LOAN AMOUNT:** I have a Direct Loan that has transmitted to my account, and I am requesting to cancel all or a portion of that amount. (**important:** You may request a reduction within 14 days from the date your student account was credited.) I understand requesting a reduced amount may cause me to owe a balance. If the outstanding balance cannot be paid, this form will not be processed.

**DECREASE SUBSIDIZED BY:**  Fall 20\_\_ \$ \_\_\_\_\_  Spring 20\_\_ \$ \_\_\_\_\_  Summer 20\_\_ \$ \_\_\_\_\_

**DECREASE UNSUBSIDIZED BY:**  Fall 20\_\_ \$ \_\_\_\_\_  Spring 20\_\_ \$ \_\_\_\_\_  Summer 20\_\_ \$ \_\_\_\_\_

**CANCEL SUBSIDIZED:**  Fall 20\_\_ \$ \_\_\_\_\_  Spring 20\_\_ \$ \_\_\_\_\_  Summer 20\_\_ \$ \_\_\_\_\_

**CANCEL UNSUBSIDIZED:**  Fall 20\_\_ \$ \_\_\_\_\_  Spring 20\_\_ \$ \_\_\_\_\_  Summer 20\_\_ \$ \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Signature

\_\_\_\_\_  
Date

**Financial Aid Certifying Official ensures a complete and thorough review of the record has been conducted prior to submission**