



2017-2018
Request to Cancel Aid
At Previous School

SSN: \_\_\_\_\_

No Aid from Other Schools 17/18

Student's Name

DBU ID or SSN#

I am currently applying for aid at Dallas Baptist University. Therefore, I hereby request that my financial aid at \_\_\_\_\_ be canceled for the following term(s)/semester(s):
(Name of Former Institution)

- Fall 17 Spring 18 Summer 18

Student's Signature

Date

Certification of Aid Cancellation

(To Be Completed By Former Institution)

NOTE: This section MUST BE completed by a Financial Aid Administrator at your previous educational institution.

The student listed above is currently applying for aid at Dallas Baptist University. The National Student Loan Database System is still listing this student as having aid pending at your institution. At this time, the student has requested that all aid pending at your institution for the semester(s) indicated be canceled, and the proper authorities notified of the cancellation.

After the aid has been canceled, please complete, sign, and return this form to:

Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211
Please scan, attach and email to finaid@dbu.edu or fax (214)-333-5586.

Academic Year \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Loan Period \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Official Last Date of Attendance \_\_\_/\_\_\_/\_\_\_

Gross Amount(s) Disbursed to Student within current Academic Year (Less any refunds to lender)

Pell Grant \$ \_\_\_\_\_ Grad PLUS \$ \_\_\_\_\_
Subsidized Direct Loan \$ \_\_\_\_\_ Unsubsidized Direct Loan \$ \_\_\_\_\_

Future Disbursement(s) Canceled: Yes or No (please circle one)

Date of Last Loan Disbursement(s) \_\_\_/\_\_\_/\_\_\_

I certify that all aid pending for the above named student has been canceled and that all agencies or processors have been notified of the cancellation.

Institution Name

Telephone

Address

City State Zip

Name of Official

Title

Signature of Official

Date

Return this completed form to:
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For DBU Office of Financial Aid Use ONLY
Review/Awarded: Date Form Rcvd \_\_\_/\_\_\_/\_\_\_ Aid Awarded Y / N Date Awarded \_\_\_/\_\_\_/\_\_\_