



2026-2027 REQUEST TO CANCEL ALL FINANCIAL AID FORM

This form is to be used to cancel all financial aid you were awarded for the 2026-2027 academic year, including grants, loans, scholarships, and stipends. Please note: This does not withdraw you from Florida Gateway College.

Student Information

Last Name

First Name

Student ID Number

Step 1. Semesters to cancel

Please indicate the semester(s) for which you would like to cancel your financial aid:

- Fall semester
- Spring semester
- Summer semester

Step 2. Reason

Please select the reason for your financial aid cancellation:

- Enrolled, but no longer need the aid I was offered
- I am transferring to another school
- I am not attending Florida Gateway College

Step 3. Signature

By signing this form, I acknowledge that I am requesting the cancellation of all types of financial aid. I understand that the Financial Aid Office is responsible only for canceling my financial aid. It is my responsibility to contact the following offices, if applicable:

- Registration and Records to withdraw from classes
- Residence Life to cancel my housing contract and meal plan

Student Signature

Date