

Request to Decline/Adjust Aid

Student:

Student ID #:

Please complete and return this form to Student Central if you wish to decline or adjust any portion of the financial aid offered to you.

1) I am **declining all federal and state financial aid** offered to me for the following semesters:

Fall 20____

Spring 20____

Summer 20____

2) I would like to adjust or cancel the following awards offered to me:

Type of Award	Semester(s)	New Amount

I understand that my intent to decline assistance for the enrollment period indicated will not affect my eligibility for aid in future semesters. I also understand that if I request reinstatement for funds that I have declined or canceled, approval of the reinstatement request is at the discretion of BHCC.

STUDENT'S SIGNATURE: _____

DATE: _____

Electronic signatures are not accepted

Please return to Student Central online at <https://www.bhcc.edu/financialaid/financialaidforms/financialaidformupload/>