

Online Students: Please return this signed form via fax or email to the attention of the Ashford University Financial Aid Office.

◆ Fax: (866) 487-9735 ◆ Email: financialaid@ashford.edu

Campus Students: Please return this signed form in person or via fax to the attention of the Ashford University Financial Aid Office.

◆ Fax: (563) 242-8684

Student Information (please print):

First Name: _____ Last Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Funds Cancellation Information

Please return a total amount of \$ _____ from funds disbursed to the sources below (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Unsubsidized Stafford Loan | <input type="checkbox"/> Pell Grant |
| <input type="checkbox"/> Subsidized Stafford Loan | <input type="checkbox"/> FSEOG (Grant) |
| <input type="checkbox"/> Grad PLUS Loan | <input type="checkbox"/> State Grant |
| <input type="checkbox"/> PLUS Loan (Parental Loan) | <input type="checkbox"/> Private Loan (non-Title IV) |

Please cancel any future disbursements of the following (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Unsubsidized Stafford Loan | <input type="checkbox"/> Pell Grant |
| <input type="checkbox"/> Subsidized Stafford Loan | <input type="checkbox"/> FSEOG (Grant) |
| <input type="checkbox"/> Grad PLUS Loan | <input type="checkbox"/> State Grant |
| <input type="checkbox"/> PLUS Loan (Parental Loan) | <input type="checkbox"/> Private Loan (non-Title IV) |

If a loan and/or grant stipend check needs to be voided to fund the return noted above, please indicate the following:

Check Number _____ Check Date _____ Check Amount \$ _____

I have sent in an official withdrawal form or I am currently not attending Ashford University.

NOTE: Checking this box will void the Funds Cancellation request if the request has been submitted more than 30 days from the date of disbursement notification. A refund calculation will be completed after your withdrawal from the University. The return of Title IV calculation will supersede any funds requested on this cancellation form.

Student Signature

Date

Parent Signature (if student is under 18 years of age)

Date

FA Advisor Signature

Date