FINANCIAL AID OFFICE - MENDOCINO COLLEGE 2026-2027

DECLINE FINANCIAL AID

Last Name	First Name	M.I.	Student ID
Address	**City, State**	**Zip Code**	**Telephone**

I request that Mendocino College cancel ALL my financial aid for the following semester(s):

Fall 2026☐ Spring 2027☐ Summer 2027☐

I acknowledge my understanding of, and agreement to, each of the following by initialing below:

_____ I understand that if financial aid funds disburse before this form is processed, I must return all disbursed funds before the financial aid can be canceled.

_____ I understand that there is no guarantee that I will qualify for the same aid in future award years.

_____ I understand that by submitting this form ALL my financial aid, including institutional grants, will be canceled for the semester(s) I indicate above.

_____ I do not wish to accept any pots-withdrawal disbursements I may qualify for.

_____ I do not wish to receive future communications regarding any missing requirements.

*If you meet eligibility criteria for the California College Promise Grant to waive your class fees, that eligibility will not be affected by this request.

Student Signature	Date

OFFICE USE

☐ Processed ☐ Not Processed Comments:_____

Financial Aid Signature	Date