

This form to be completed by office staff only.

|      |                     |
|------|---------------------|
| Name | W                   |
| Name | Student I.D. Number |

Student will not be using the financial aid package offered. None of the funds have disbursed to the student.

Please cancel all processing.

Direct student to the Scholarships Center if scholarships have been awarded.

|                |      |
|----------------|------|
| Staff Initials | Date |
|----------------|------|

|   |  |
|---|--|
| <p><i>Operations Use ONLY:</i></p> <p>_____</p> <p>(Cancel Date)</p> <p>_____</p> <p>(Initials)</p> | <p>Adjust RPALORG _____</p> <p>RRAAREQ D_FLAG = O _____</p> <p>ROAUSDF #27 = Y _____</p> <p>ROAMESG = A_CS _____</p> |
|---|--|

*Pull File, Outguide and Route to "D" Flag Box.*