2026-2027 Decline Federal Student Aid Form

Student Name_____ CSI ID#_____ Phone#_____

Current Address_____

I am withdrawing from CSI and wish to decline my financial aid for the following semester(s):

☐ Fall 2026 ☐ Spring 2027 ☐ Summer 2027

I do not wish to accept any post-withdrawal disbursements of my federal financial aid. If I have not received my federal money, please cancel all of my aid (grants, loans, etc.) for the indicated semester(s) as I have completely withdrawn from classes. **I understand that I may need to repay financial aid funds received this semester and that my student loans will be affected by my withdrawal.**

Student Signature_____ Date_____

OFFICE USE ONLY

☐ Exit Counseling/Questionnaire/Confirmation page

☐ Sign and copy Withdrawal Form

☐ Confirm address /phone number in Student

☐ Last date of attendance

☐ SAP Status _____

- Comp %_____
- Max Credit

☐ Comment and put student on hold

- Remind student that the hold will remain until R2T4 calculations are completed.
- Cancel 2nd disbursement of loan
- Remind student that a reinstatement and loan request will be needed

Advisor Signature_____ Date_____