



Cancellation Request Form

I _____ am requesting the Financial Aid Office at UA-PTC to cancel the
(Please Print Name)
Financial Aid funds I have been awarded for the term selected.

- ☐ **All Aid**
- ☐ Fall 2025
- ☐ Spring 2026
- ☐ Summer 2026

- ☐ **Subsidized Loan**
- ☐ Fall 2025
- ☐ Spring 2026
- ☐ Summer 2026

- ☐ **Unsubsidized Loan**
- ☐ Fall 2025
- ☐ Spring 2026
- ☐ Summer 2026

- **By checking the box below, I
acknowledge that I am attending
another school ****
- ☐ Fall 2025
 - ☐ Spring 2026
 - ☐ Summer 2026

Signature: _____

SSN/Student ID: _____

Date: _____

****A valid, unexpired photo ID must be attached to this form for it
to be processed by our office****

For office use only: _____