

Student's Information

Last Name: _____ First Name: _____ MI: _____

ctcLink ID Number (###-##-####): _____

Check all the Quarters that apply: ☐ Summer ☐ Fall ☐ Winter ☐ Spring**Award Reactivation**Select the aid you would like to **REACTIVATE**:☐ GRANTS: State/Federal/Institutional Grant Funding☐ Other External Funding: _____

Please note: For loan reactivation, you will be required to complete the Loan Request Form.

Reason for reactivation:

_____**Award Cancellation**Select the aid you would like to **CANCEL**:☐ ALL AWARDS☐ GRANTS☐ LOANS☐ Subsidized Direct Loan☐ Unsubsidized Direct Loan

Please note: To cancel Workstudy funding, please contact Student Employment.

Reason for cancellation:

_____**Sign the Worksheet**

By signing this form:

- I understand that aid reactivation requires that I cancel all aid awarded at another institution for this academic year.
- I understand that I may not receive all funding sources that were previously cancelled when requesting aid reactivation.
- I understand that I still must drop any classes that I am registered in for the quarters I do not plan to attend or pay at my own expense.
- I understand that this is not an official withdrawal form and that I must complete the official withdrawal process with the Registration Office.
- I understand that I must reactivate my aid if I plan on attending within the same year and that I may not be eligible for the same amount of funding.
- I understand that I must complete a new FAFSA if I plan on attending the next academic year.

Student Signature_____
Date

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