DBU FINANCIAL AID

2020-2021
Request to Cancel Aid At Previous School

Student ID: _____

_____ _____

Student's Name **DBU ID or SSN#**

I am currently applying for aid at Dallas Baptist University. Therefore, I hereby request that my financial aid at _____ be canceled for the following term(s)/semester(s):
(Name of Former Institution)

☐ Fall 20 ☐ Spring 21 ☐ Summer 21

_____ _____
Student's Signature Date

Certification of Aid Cancelation

(To Be Completed By Former Institution)

NOTE: This section MUST BE completed by a Financial Aid Administrator at your previous educational institution.

The student listed above is currently applying for aid at Dallas Baptist University. The National Student Loan Database System is still listing this student as having aid pending at your institution. At this time, the student has requested that all aid pending at your institution for the semester(s) indicated be canceled, and the proper authorities notified of the cancelation.

After the aid has been canceled, please complete, sign, and return this form to:

Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211
Please scan, attach and email to finaid@dbu.edu or fax (214)-333-5586.

Academic Year ____ /____ / _____ to ____ /____ / _____ Loan Period ____ /____ / _____ to ____ /____ / _____

Official Last Date of Attendance ____ /____ / _____

Gross Amount(s) Disbursed to Student within current Academic Year (Less any refunds to lender)

Pell Grant	$ _____	Grad PLUS	$ _____
Subsidized Direct Loan	$ _____	Unsubsidized Direct Loan	$ _____

Future Disbursement(s) Canceled: Yes or No ***(please circle one)***

Date of Last Loan Disbursement(s) ____ /____ / _____

I certify that all aid pending for the above named student has been canceled and that all agencies or processors have been notified of the cancelation.

_____ _____
Institution Name Telephone

_____ _____
Address City State Zip

_____ _____
Name of Official Title

_____ _____
Signature of Official Date

Return this completed form to:
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Please scan, attach and email to finaid@dbu.edu or fax (214)-333-5586.

No Aid from Other Schools 20/21

For DBU Office of Financial Aid Use ONLY

Review/Awarded: **Date Form Rcvd** ___/___/___ **Aid Awarded Y / N** **Date Awarded** ___/___/___