



2022-2023
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 22 Spring 23 Summer 23

Student's Signature

Date

Certification of Aid Cancellation

(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 cancellation.

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 cancellation.

Institution Name

Telephone

Address

City

State

Zip

No Aid from Other Schools

Name of Official

Title

Signature of Official

Date

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

For DBU Office of Financial Aid Use ONLY

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