

2024-2025 Request to Cancel or Modify Financial Aid

Financial Aid Office, 1637 Lawson Street, Durham NC 27703 Phone 919-536-7209, Fax 919-536-7260, financialaid@durhamtech.edu

Student Information

me			Student ID	
ail			Phone Number	
A. What ter	m(s) do you wish to	cancel or modify	your aid for?	
☐ Fall 2024	☐ Spring 2025	☐Summer 202	5 🗆 Entire 20	024-2025 Award Year
B. Choose t	he box that describes	s your intent. Fol	low the instruction	ons within that
	ancel all of my student aid, ete sections C and D.	including Pell Grants,	FSEOG, State Grants,	and Federal Student
☐ I wish to ca	ancel all of my Grants, inclu	ding Pell Grants, FSEC	OG, and State Grants -	Complete Section C.
☐ I wish to o	nly cancel the Pell Grant an	d State Grants - Comp	olete Section C.	
☐ I wish to ca	ancel or reduce a portion /	all of my Federal Stud	ent Loans - Complete	Section D.
C. Cancelat	ion of Grants			
another institu	estand that Durham Tech do tion where I intend to rece an one institution at the san to receive aid in both place is.	ive Financial Aid. I also me time and understa	o understand that I ca and Durham Tech has	nnot receive Financial the right to cancel my
	discussed this decision with y I should not cancel a grar		n Tech's Financial Aid	Staff and they have
I under	stand that I am responsible	e for any tuition or oth	ner fees from the colle	ege that may occur due
Financial Aid	Advisor:		Date	

The above-signed member of Durham Tech's Financial Aid staff has met with this student and has advised them to not cancel their grant(s) should they intend to only enroll at Durham Tech.

D. Cancelation or Reduction of a Federal Loan(s)

LOAN LIMITS FOR THE ACADEMIC YEAR

Dependent Students	Independent Students	
32 or fewer credit hours completed - \$5,500	32 or fewer credit hours completed - \$9,500 (\$3,500	
(\$3,500 Max for Subsidized)	Max for Subsidized)	
33 or more credit hours completed - \$6,500	33 or more credit hours completed - \$10,500 (\$4,500	
(\$4,500 Max for Subsidized)	Max for Subsidized)	

Certification and Signatures: I certify that all of the inf	formation reported on this worksheet is complete and
correct. I am responsible for any charges that may occ	ur from the school for this cancellation/reduction.
Student Signature:	Date:

Your hand-written signature is required on all forms, electronic signatures are not acceptable on official documents.