



CALIFORNIA STATE UNIVERSITY

**FULLERTON**

Return to: Office of Financial Aid  
P.O. Box 6804 UH-146  
Fullerton, CA 92834-6804

Enter Student's  
CWID Here:

**REQUEST TO CANCEL FINANCIAL AID PROCESSING (2019-2020)**  
PLEASE PRINT CLEARLY AND USE BLACK INK

**INSTRUCTIONS:**

Use this form to request **full cancellation** of your financial aid application for the 2019-2020 academic year. To revise your aid award to **one semester** complete the Award Adjustment Appeal Form.

Check the appropriate box:

- I will not attend Cal State Fullerton during the 2019-2020 academic year. Please cancel my financial aid application and, if funds have been awarded to me, please cancel all awards.
- I plan to attend CSUF but wish to cancel the processing of my financial aid for 2019-2020.

Check all that apply:

- I attended classes in Fall 2019.
- I attended classes in Spring 2020.

Comments (optional):

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**CERTIFICATION:**  
By signing this form, I certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I agree to provide proof of the information I have reported, if requested to do so. I also certify that I have read the terms and conditions section of the CSU Fullerton, Financial Aid website (<http://www.fullerton.edu/financialaid/info/Terms.php>)\*  
**Signature is required.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Student's Name: \_\_\_\_\_ CWID \_\_\_\_\_

\*Warning: If you give false or misleading information on documents submitted to the Office of Financial Aid, you may be fined, be sentenced to jail or both.