CALIFORNIA STATE UNIVERSITY
FULLERTON

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

Enter Student's CWID Here: _____ F1GONE

REQUEST TO CANCEL FINANCIAL AID PROCESSING (2024-2025)

PLEASE PRINT CLEARLY AND USE BLACK INK

INSTRUCTIONS:

Use this form to request **full cancellation** of your financial aid application for the 2024-2025 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 2024-2025 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 2024-2025.

Check all that apply:

☐ I attended classes in Fall 2024.

☐ I attended classes in Spring 2025.

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.