

Student Name: _____ **TCC CWID:** _____

This form is to be used by students who wish to cancel their financial aid at Tulsa Community College.

I authorize TCC to cancel my financial aid for the following semesters (select all that apply):

_____ Fall 2024

_____ Spring 2025

_____ Summer 2025

For the following reasons:

_____ I have ceased enrollment at TCC, and will be attending another institution for the 24/25 academic year.

_____ I will receive my aid at another institution, but will still take classes at TCC for the 24/25 academic year.

_____ I no longer wish to receive any financial aid from TCC

By signing this form, I agree to the following:

- I understand that if I request to cancel financial aid for a term in which I have already been refunded aid, I will owe that money back to TCC.
- I understand that if I ask to cancel aid that previously paid for coursework, I will owe the balance due for that coursework.
- I understand that if I receive aid at more than one institution for the same period I will have to repay some or all of my financial aid at one of the institutions.

Student Signature: _____ **Date:** _____

Please submit to any TCC Financial Aid Office or mail to:

**Tulsa Community College
Financial Aid and Scholarships
909 S. Boston Avenue
Tulsa, OK 74115**