



Name _____

UV ID _____

Financial Aid Office:

I am refusing my Financial Aid for the Fall 2007 Spring 2008 Summer 2008 semester(s) at UVSC, and do not wish to accept any post-withdrawal disbursements. Please cancel all of my Financial Aid for the indicated semester(s) as I have completely withdrawn from classes. I understand that I must repay any funds received this semester at the time I submit this form to the Financial Aid Office. I further state that I will not request Financial Aid again at UVSC in this current semester.

Signature

Date