GRAYS HARBOR COLLEGE

Change Form

Last Name		First Nan	ne	SSN
enrolled for few the student to n	er than 12 credits, <u>unless</u> yo	ou submit this form to if you will be less than	the Financial Aid Office as no 12 credits so that your tuition	<u>vill not</u> pay your tuition if you are tification. It is the responsibility of a can be paid by the tuition
-	ndrawing from classes must		n grants, loans or work-study f ation Office. Cancelling your f	or a particular quarter of inancial aid award does not cancel
Change in E	nrollment Status – Ai	d eligibility is ba	sed on enrollment sta	tus.
	WRITE in the numb	er of credits you will b	e taking next to the appropria	te quarter:
Summer:	Fall:		Winter:	Spring:
			our census date, which is the 5 us prior to the census date ma	th day of the quarter (3 rd day for y result in a repayment being
Reduce My A		vould like your award t	o be reduced to and for which	quart er(s) below
<u>Loans</u> Subsidized	Summer: \$	Fall: \$	Winter: \$	Spring: \$
Unsubsidized	Summer: \$	Fall: \$	Winter: \$	Spring: \$
<u>Work-study</u> Summer: \$	Fall: \$		Winter: \$	Spring: \$
Cancel My Av		ch quarter(s) and funds	s you wish to have cancelled b	elow
<u>Grants</u> Summer:	Fall:		Winter:	Spring:
<u>Work-study</u> Summer:	Fall:		Winter:	Spring:
Loans: When ca	ncelling a loan, subsequent	quarters will also be c	ancelled. You must reapply fo	r the return quarter(s).
Subsidized	Summer: \$	Fall: \$	Winter: \$	Spring: \$
Unsubsidized	Summer: \$	Fall: \$	Winter: \$	Spring: \$
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By signing this, I understand that I am cancelling or changing my aid for the quarter(s) indicated. Once aid is cancelled or reduced, it may only be reinstated with available funds.

Office Use Only: Completed by:	

Financial Aid Office, 1620 Edward P Smith Dr, Aberdeen, WA 98520 (360) 538-4081 Fax: (360) 538-4293 <u>finaid@ghc.edu</u>