



Office of Financial Aid, 62 Alumni Drive  
 Castleton, VT 05735  
 802.468.6070  
 Fax 802.468.5237

## 2008-2009 Financial Aid Award Declination/Revised Form

This form must be completed and submitted to the Financial Aid Office when reporting and/or requesting a change(s) that will affect a student's financial aid. Also complete this form ***if you wish to decline or revise all or a portion of the financial aid offered to you.*** If you do not return this form, we will assume that you accept your financial aid offer. Please refer to the Financial Aid Terms and Conditions for information about the types of aid that you have been awarded.

Student \_\_\_\_\_ Castleton Student ID #: \_\_\_\_\_  
 (Please print)

**Check one:**

- I will not attend Castleton State College during the 2008-2009 academic year.
- I will attend Castleton State College; however, I wish to decline all of the financial aid offered to me.
- I will be graduating at the end of the Fall 2008 semester. Please cancel my Spring 09 Financial Aid.
- I wish to decline or revise a portion of the financial aid offered to me as follows:

Award Name	Total Amount Offered	New Amount Requested*	Declined or Revised
<i>As listed on your award letter.</i>		<i>Enter \$0 if applicable.</i>	<i>Please circle one</i>
_____	_____	_____	Declined or Revised
_____	_____	_____	Declined or Revised
_____	_____	_____	Declined or Revised
_____	_____	_____	Declined or Revised
_____	_____	_____	Declined or Revised

\* Must be ***less than*** the amount offered. The new amount requested will be distributed proportionally across terms, based on your enrollment status, unless you provide other instructions. You may use the reverse side of this form to explain your request.

**You may also notify us via Web Services.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_