Section I – To be completed by student (or parent if PLUS Loan)

Student’s Name (please print) ____________________________

Student ID# ____________________________

Student’s Signature (or parent’s signature if PLUS Loan) ____________________________

Date ____________________________

Parent PLUS Loan:  □ No  □ Yes ________________

If yes, please print parent’s name.

Fall Semester Declined Aid (please check one)

□ Not attending this semester.

□ Attending this semester and would like to return the following aid:

Amount $________________________ Type of aid: ____________________________

Do you want your Spring aid reduced by this amount too?  □ Yes  □ No

Spring Semester Declined Aid (please check one)

□ Not attending this semester

□ Attending this semester and would like to return the following aid:

Amount $________________________ Type of Aid: ____________________________

Section II – To be completed by Bursar’s Office staff

Payment Type (no credit/debit accepted):

□ Sac State Check:  Send to Accounting: check and copy of form

Send to Financial Aid: copy of check and original form

□ Other Payment:  Receipt payment to CASHNet (item code REJECTFINAID)

Send to Accounting: receipt and copy of form

Send to Financial Aid: receipt and original form

Payment Type (If personal check, include check # and check date) $ ________________

Cashier’s Initials ____________________________ Date ____________________________