



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.
Will you be attending in Spring? Yes No
- 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) \$ _____
Amount

Cashier's Initials _____
Date