



# Refusal of Aid

Financial Aid & Scholarships  
800 West University Parkway  
Orem, UT 84058  
(801) 863-8442, (801) 863-8448 FAX

Student Name \_\_\_\_\_ UV ID \_\_\_\_\_ Phone # \_\_\_\_\_

Current e-mail address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I am refusing my Financial Aid for the following semester(s) at UVU:

- Fall 2009     
  Spring 2010     
  Summer 2010

I do not wish to accept any post-withdrawal disbursements of my Financial Aid. Please cancel all of my aid for the indicated semester(s) as I have completely withdrawn from classes.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 UVU in this current semester.

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

Office Use Only			
<input type="checkbox"/> RRAAREQ: PWREF4 (Fall)	Initials _____	<input type="checkbox"/> RHACOMM	Initials _____
<input type="checkbox"/> RRAAREQ: PWREF2 (Spring)	Initials _____	<input type="checkbox"/> Canceled Grants	Initials _____
<input type="checkbox"/> RRAAREQ: PWREF3 (Summer)	Initials _____	<input type="checkbox"/> E-mailed about Loans	Initials _____
COMMENTS: _____			
_____			
_____			