



## 2025-2026 Request to Cancel or Modify Financial Aid

Financial Aid Office, 1637 Lawson Street, Durham NC 27703  
Phone 919-536-7209, Fax 919-536-7260, [financialaid@durhamtech.edu](mailto:financialaid@durhamtech.edu)

### Student Information

Name		Student ID	
Email		Phone Number	

#### A. What term(s) do you wish to cancel or modify your aid for?

- Fall 2025       Spring 2026       Summer 2026       Entire 2025-2026 Award Year

#### B. Choose the box that describes your intent. Follow the instructions within that box.

- I wish to cancel all of my student aid, including Pell Grants, FSEOG, State Grants, and Federal Student Loans - Complete sections C and D.
- I wish to cancel all of my Grants, including Pell Grants, FSEOG, and State Grants - Complete Section C.
- I wish to only cancel the Pell Grant and State Grants - Complete Section C.
- I wish to cancel or reduce a portion / all of my Federal Student Loans - Complete Section D.

#### C. Cancellation of Grants

Initial Each Line

\_\_\_\_\_ I understand that Durham Tech does not recommend the cancellation of grants unless I transfer to another institution where I intend to receive Financial Aid. I also understand that I cannot receive Financial Aid at more than one institution at the same time and understand Durham Tech has the right to cancel my aid should I try to receive aid in both places. I also understand that I am responsible for any charges that are the result of this.

\_\_\_\_\_ I have discussed this decision with a member of Durham Tech’s Financial Aid Staff and they have advised me why I should not cancel a grant awarded to me.

\_\_\_\_\_ I understand that I am responsible for any tuition or other fees from the college that may occur due to this.

**Financial Aid Advisor:** \_\_\_\_\_ **Date** \_\_\_\_\_

*The above-signed member of Durham Tech’s Financial Aid staff has met with this student and has advised them to not cancel their grant(s) should they intend to only enroll at Durham Tech.*

### D. Cancellation or Reduction of a Federal Loan(s)

Please check the type of Adjustment you are requesting:

- Cancel all of my student loans for the above term(s).
- Reduce my student loan to \$ \_\_\_\_\_ for the above term(s)

#### LOAN LIMITS FOR THE ACADEMIC YEAR

Dependent Students	Independent Students
32 or fewer credit hours completed - \$5,500 (\$3,500 Max for Subsidized)	32 or fewer credit hours completed - \$9,500 (\$3,500 Max for Subsidized)
33 or more credit hours completed - \$6,500 (\$4,500 Max for Subsidized)	33 or more credit hours completed - \$10,500 (\$4,500 Max for Subsidized)

**Certification and Signatures:** I certify that all of the information reported on this worksheet is complete and correct. I am responsible for any charges that may occur from the school for this cancellation/reduction.

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

**Your hand-written signature is required on all forms, electronic signatures are not acceptable on official documents.**