



2026-2027 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

Student Information

Student Name: _____ Student ID: _____

Student Email Address: _____ Phone: _____

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

- Fall 2026
 Spring 2027
 Summer 2027
 Entire 2026-2027 Award Year

B. Select the box that best describes your intent. Then complete all instructions within that section

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 cancel only 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

_____ **Understanding of Impact and Dual Enrollment:** I understand that Durham Tech does **not** recommend the cancellation of grants unless I am transferring 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 that Durham Tech **may cancel my aid** if I attempt to receive aid at multiple institutions concurrently. I understand that I am **responsible for any charges** that result from this decision.

_____ **Advisor Discussion:** 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 that has been awarded to me.

_____ **Financial Responsibility:** I understand that I am **responsible for any tuition or other college fees** that may result from the cancellation of my grants.

Financial Aid Advisor Certification

The undersigned member of **Durham Tech's Financial Aid staff** certifies that they have met with the student named on this form and **advised the student not to cancel their grant(s)** if the student intends to **enroll only at Durham Tech**.

Financial Aid Advisor Signature: _____

Printed Name: _____

Title: _____

Date: ____ / ____ / ____

D. Cancellation or Reduction of Federal Student Loan(s)

Please check one option and complete the required details. (Initials and handwritten selections in blue or black ink.)

- **Cancel all of my Federal Student Loan(s) for the term(s) listed above.**
This will cancel all subsidized and unsubsidized loan amounts for the selected term(s).
- **Reduce my Federal Student Loan(s) to a total of \$ _____ for the term(s) listed above.**
(Amount must be in whole dollars and represents the *new total* for the term(s).)

Optional (if you need to specify by loan type):

Subsidized: \$ _____ **Unsubsidized:** \$ _____

Optional (if you need to specify per term):

Fall: \$ _____ **Spring:** \$ _____ **Summer:** \$ _____

If you have already received a **refund**, the College cannot return those funds on your behalf; you may owe the resulting balance.

LOAN LIMITS FOR THE ACADEMIC YEAR

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

Certification and Signatures

By signing below, I **certify** that all information reported on this worksheet is **true, complete, and correct** to the best of my knowledge. I understand that I am **responsible for any charges** that may result from the **cancellation or reduction** of my aid.

Student Signature (*handwritten*): _____

Date: ____ / ____ / ____