

Student's Name \_\_\_\_\_

GCC ID# \_\_\_\_\_

**FINANCIAL AID OFFICE  
2019-2020 STATUS CHANGE FORM**

Please check the type of change(s) you are requesting or have made:

- I wish to be awarded FWS                       I wish to decline my FWS award
- I will not be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, or graduate certificate, etc.) during the 2019-2020 academic year. I understand I must correct this item on my FAFSA and provide any additional required information.
- I am attending GCC to complete prerequisites for a Grad Program at \_\_\_\_\_
- I have completed the *California Non-Tuition Exemption Request* form in the Admissions & Records Office and am now classified as an AB540 or AB2000 student.
- I am returning my check dated \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

The reason I am returning this check is: \_\_\_\_\_  
\_\_\_\_\_

- Please cancel my financial aid for the following semester(s). Check all that apply.
- Summer 2019       Fall 2019       Winter 2020       Spring 2020       Summer 2020

The reason I am requesting my financial aid be cancelled is: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

**CERTIFICATION:** I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Financial Aid Office Only**

Processing Comments: \_\_\_\_\_  
\_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_