

2026-2027 REQUEST TO CANCEL FEDERAL FINANCIAL AID PROCESSING

NAME _____

ID # _____

Having begun the application process for federal financial aid, I now request that the Student Financial Services office at Andrews University cancels my application. I do not wish to participate in the federal financial aid program at this time.

- ☐ This is a temporary request while I work out my financial clearance through other means. I intend to submit the remaining documentation as soon as I am able. I understand that Student Financial Services will reinstate the requirements later.
- ☐ This is a permanent request. Please remove all requirements related to federal financial aid, and do not reinstate them at a later date. **Note:** You may still choose to apply for federal financial aid at a later time during the school year.

SIGNATURE _____

DATE _____

Student Financial Services 4150 Administration Drive-Berrien Springs, MI 49104-0750 Fax: 269-471-3228 Email: sfs@andrews.edu

12/3/2025