

FINANCIAL AID & SCHOLARSHIP OFFICE

208.732.6250 • www.csi.edu/financialaid

2023-2024 Decline Federal Student Aid Form			
Student Name		CSI ID#	Phone#
Current Address			
I am withdrawing from CSI and wish to decline my financial aid for the following semester(s):			
Fall 2023	Spring 2024		Summer 2024
I do not wish to accept any post-withdrawal disbursements of my federal financial aid. If I have not received my federal money, please cancel all of my aid (grants, loans, etc.) for the indicated semester(s) as I have completely withdrawn from classes. I understand that I may need to repay financial aid funds received this semester and that my student loans will be affected by my withdrawal.			
Student Signature		(TA)	Date
OFFICE USE ONLY Exit Counseling/Questionnaire/Confirmation page. Sign and copy Withdrawal Form Confirm address /phone number matches in the SIS. Last date of attendance SAP Status • Comp %			
Signatures:	(ES)(FA) s not required if workflow is co	ompleted entire	(Records) Date: ely through the SIS. **