



# OFFICE OF FINANCIAL AID

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**2017-2018**

## DECLINE OF NSC FINANCIAL AID

Student Name: \_\_\_\_\_

NSHE ID#: \_\_\_\_\_

I request that Nevada State College cancel **ALL** of my financial aid for the following semester(s):

Fall 2017 \_\_\_\_\_ Spring 2018 \_\_\_\_\_ Summer 2018 \_\_\_\_\_

By initialing below, I acknowledge my understanding of, and agreement to each of the following.

\_\_\_\_\_ If financial aid funds have already been disbursed before this form is processed, I must return all disbursed funds before the financial aid can be canceled.

\_\_\_\_\_ I understand that normal processing time is 3-5 working days, however processing time may be longer during peak periods.

\_\_\_\_\_ I understand that by submitting this form ALL my NSC financial aid, including institutional grants, will be canceled for the semester(s) I indicate above.

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