



UNIVERSITY OF ARKANSAS RICH MOUNTAIN

OFFICE OF FINANCIAL AID

2026–2027 Cancellation Request Form

STUDENT ID: _____ TERM: _____

LAST NAME FIRST NAME

STREET ADDRESS CITY STATE ZIP CODE
() () ()
HOME PHONE WORK PHONE CELL PHONE

THIS FORM IS SUBMITTED REQUESTING TO CANCEL MY FINANCIAL AID FOR THIS ACADEMIC YEAR, OR TERM DUE TO ONE OF THE FOLLOWING REASONS:

- Student will be attending another school and is withdrawing from this college
- Student declines all aid for specified reason explained below
- Student is not enrolled and was not attending this college
- Student has another source of payment that he/she wishes to use this term or year

If you feel that you have extenuating circumstances and you need to cancel all the aid you were awarded, please sign and submit this form and provide the new school name you will be attending or a brief description of why you are declining your aid. Please submit to the Office of Financial Aid:

Name of the new school: _____

Year / Term to Cancel Aid: _____

Do you want to cancel all your aid or a specific award? (If all, write 'all'; if not, list the award you wish to cancel):

Certification: I certify the submitted information is true and correct to the best of my knowledge. I have read each section and provided the appropriate required documentation. I realize that if I do not provide supporting documentation, no further action will be taken on this request by the University of Arkansas Rich Mountain.

Student Signature: _____ Date: _____

(Please Print)

Office of Financial Aid
University of Arkansas Rich Mountain
1100 College Drive, Mena, AR 71953
Phone: 479-394-7622 Email: financialaid@uarichmountain.edu