



School Withdrawal Clearance Letter

Dear Financial Aid Department,

Please complete Section A regarding my withdrawal from your institution.

Section A: Completed by Prior Institution

Student Name: _____	SSN (Last Four): XXX-XX-_____	
Official Last Date of Attendance: _____		
Gross Loan Amount(s) Disbursed (minus any refunds):		
Subsidized \$ _____	Loan Period: _____ to _____	Last Disbursement Date: _____
Unsubsidized \$ _____	Loan Period: _____ to _____	Last Disbursement Date: _____
Gross Grant Amount(s) Disbursed (minus any refunds):		
Pell disbursed (if applicable): _____	ACG disbursed (if applicable): _____	
School Certifying Official		
Name (Print) _____	Date: _____	
Institution Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____	Email: _____	

Section B: Completed by Student: Please complete Section B below if your prior institution will not complete Section A.

Student Name: _____	SSN (Last Four): XXX-XX-_____
Last Date of Attendance at prior Institution: _____	
Explain the extenuating circumstance for the appeal.	

I certify that the above statement represents a true and accurate description of my circumstance.	
Student Signature: _____	Date: _____

Section C: Completed by Director of Financial Aid

<input type="checkbox"/> Approved – Aid will be processed without documentation from prior school and student will be added to transfer monitoring in NSLDS. <input type="checkbox"/> Denied – Aid will not be processed without documentation from prior school. <input type="checkbox"/> Pending – More information is required before decision can be made.	

Director of Financial Aid Signature: _____	Date: _____