



2023–2024 Cancellation Form

Name: _____ Student ID (A#): _____

Please complete this form if you wish to decline or cancel your financial aid package at Rowan College of South Jersey (RCSJ). Please indicate the reason for the cancellation below:

- Form with checkboxes for cancellation reasons: Fall, Spring, Summer, All terms during 2023-2024 year, I am canceling student loans only, I will not be attending Rowan College of South Jersey, I do not want to complete my federal verification requirement(s), I am declining my federal and/or state aid because I am not returning to RCSJ, I am declining my federal and/or state aid and will pay or have paid my semester charges by other means, Other: (please indicate your future plans below)

Cancellation and Liability Information — please read

Canceling your grants still holds you financially responsible for any college-related expenses upon your registration for classes at a previous time per that term. Students are responsible for all registration related charges that have accrued on their account. These charges include but are not limited to tuition and fees, lab fees, book vouchers, health insurance, liability insurance for nursing students, and program fees for nursing and Ford Asset students. Students are encouraged to plan and budget for all incurred educational and non-educational related expenses they may encounter while enrolled as an RCSJ student.

Per regulatory changes effective July 1, 2011; RCSJ may pay financial aid for only 1 (one) retake of any previously passed courses.

Regardless if a student receives any form of financial aid (grants, loans, scholarships, and/or tuition waivers), the student must understand they are PERSONALLY RESPONSIBLE for all financial charges they accrue at RCSJ. The College may permit any student to register before determining a student's eligibility for the federal or state grants, loans, scholarships or tuition waivers. If, FOR ANY REASON, a student should become ineligible for federal and/or state grants, loans, scholarships or tuition waivers or other types of financial aid, the student agrees to pay their account in full including any collection and/or attorney's fees that may be incurred by or on behalf of the College to satisfy the student's personal financial obligations.

I also understand all of the information stated above and other information supplied to the college is true and accurate to the best of my knowledge.

Student Signature _____ Date _____

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