

2025—2026 Cancellation Form

Name: _____ ID: _____

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 by circling your selections

Fall Spring Summer All terms during 2025-2026

I am canceling student loans only for the (check the applicable option(s) above)

_____ I will not be attending Rowan College of South Jersey.

_____ I do not want to complete my federal verification requirement(s). I am aware that I will not be eligible for federal and state grants and/or loans. I will arrange for payment of my semester charges by other means

_____ I am declining my federal and/or state aid because I am not returning to RCSJ in the

_____ I am declining my financial aid and will pay 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.

Regardless of 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 the information stated above and other information supplied to the college is true and accurate to the best of my knowledge.

Student Signature

Date _____

Return completed and signed forms to:

RCSJ Office of Financial Aid, Gloucester Campus, 1400 Tanyard Rd., Sewell, NJ 08080

RCSJ.edu