



2023 - 2024

DECLINE ALL NSC FINANCIAL AID

Student Name: _____

NSHE ID#: _____

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

Fall 2023 _____

Spring 2024 _____

Summer 2024 _____

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

_____ I understand that if financial aid funds disburse 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: _____