



2025-2026 STATUS CHANGE FORM

Student's Name: _____ GCC ID#: _____

Please check the type of change(s) you are requesting or have made:

- I wish to be awarded FWS
I wish to decline my FWS award
I will not be enrolled in master's or doctorate program...

I am attending GCC to complete prerequisites for a Graduate or Professional Program at: _____

I have completed the California Non-Tuition Exemption Request form in the Admissions & Records Office and am now classified as an AB540 or AB2000 student.

Reinstate my Cal Grant for the full aid year. I made an error reporting LOA or no longer want to report LOA for my Cal Grant.

I am returning my check dated _____ in the amount of _____
The reason I am returning this check is: _____

Please cancel my financial aid for the following semester(s). Check all that apply.
Summer 2025 Fall 2025 Winter 2026 Spring 2026 Summer 2026
The reason I am requesting my financial aid be cancelled is: _____

Other: _____

CERTIFICATION: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections and/or adjustments to data on my FAFSA based on forms and/or documents submitted.

Student's Signature: _____ Date: _____

Financial Aid Office Use Only
Processing Comment: _____
Processed by: _____ Date: _____