



Mailing Address:  
 Downey Adult School  
 Career One Stop Center  
 Financial Aid Office  
 12340 Woodruff Avenue  
 Downey, CA 90241

Phone: 562-940-6247 Fax: 562-940-6256  
 E-mail: FinancialAid@das.edu  
 Web: www.das.edu

## Application for Official Withdrawal – Financial Aid

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Reason:  Military \*       Medical       Job Offer/Employment       Other (please specify)

\_\_\_\_\_  
 \_\_\_\_\_

\*A copy of your military orders **must** be attached.

**Students must meet with their Director for a counseling session to complete Official Withdrawal**

\_\_\_\_\_  
 Nursing Director's Signature

\_\_\_\_\_  
 Date

**Signature of Certification:**

- I understand that by submitting an official withdrawal:
  - I will not receive any Title IV funds scheduled for disbursement after the withdrawal date
  - A recalculation of Federal Financial Aid will occur to determine if any Title IV funds need to be returned by me
  - Notification and results of the recalculation will be mailed to me within 30 days of the withdrawal date
  - If I do need to return Title IV funds, I will have a 45 day timeframe to return the funds (45 day timeframe beginning on the date of the letter, not upon receipt of the letter)
  - If I fail to comply with the return of Title IV funds, the Department of Education will be notified via the National Student Loan Data System (NSLDS). Furthermore, I will lose eligibility for further Federal Financial Aid until the situation is resolved
  
- I certify that the information provided on this form, including all supporting documentation, is accurate and true to the best of my knowledge.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date