

Student's Name \_\_\_\_\_

Student Identification Number \_\_\_\_\_

Date \_\_\_\_\_

**REQUEST FOR REMOVAL OF ANTICIPATED  
TUITION AWARD FOR GRADUATE STUDENTS**

I hereby certify that I do not have and do not plan to seek or obtain a Graduate Assistantship for Fall Semester 2016 or Spring Semester 2017 nor do I have or anticipate receiving any type of tuition award for Fall Semester 2016 or Spring Semester 2017. **I will inform the Financial Aid Office immediately if this information changes. I realize that if I receive a Graduate Assistantship any loans I have received will be reduced to avoid an overaward of Financial Aid.**

**WARNING: If this form is to be used in the process of establishing eligibility for federal student aid funds, you should know that intentionally false statements or misrepresentation may subject the filer to a fine or imprisonment, or both, under provisions of the United States Criminal Code.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED FORM TO:

Financial Aid Office  
1263 Lincoln Drive – Mail Code 4702  
Student Services Building  
Southern Illinois University Carbondale  
Carbondale, IL 62901

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FOR OFFICE USE ONLY

Action:

Financial Aid Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_