

2020/2021 Withdrawal Confirmation Form (FTWD20)

Student's Name (PRINT): _____ Phone: (____) _____
HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

This form is completed by students who withdrew or stopped attending all of their classes for the spring semester and was unable to complete the semester as a result of the COVID-19 national emergency for one of the specified reasons below.

Federal law requires schools to calculate how much federal financial aid a student has earned if that student:

- Ceases attending before completing the payment period or period of enrollment, or
- Completely withdraws

A student who receives financial aid but ceases attending or withdraws from all enrolled courses before completing 60% of the semester may be responsible for paying all, none, or a portion of the disbursed aid back to the institution or the Department of Education.

It is necessary for you to complete this form to determine **your responsibility for repaying all, none, or a portion** of the federal funds disbursed to you.

If you withdrew from or stopped attending courses based on COVID-19, please indicate the reason for your withdrawal below.

- Illness of the student or family member
- Need to become a caregiver or first responder
- Loss of childcare
- Economic hardship
- Inability to access Wi-Fi due to closed facilities
- Other _____

Certification

I attest to the fact that I withdrew from all of my courses during the spring 2020 semester due to the reason(s) outlined above which was caused by the COVID-19 national emergency and campus closure.

Student Signature: _____

Date: _____