

# REQUEST TO DECLINE TRANSFER CREDIT FOR LOAN FORGIVENESS PURPOSES

**PRESENT THIS FORM IN PERSON TO:**

**COLUMBUS CAMPUS** - STUDENT CENTRAL, UPPER LEVEL, MADISON HALL

**DELAWARE CAMPUS** - STUDENT SERVICES, MOELLER HALL

**OR MAIL FORM TO:**

COLUMBUS STATE COMMUNITY COLLEGE

OFFICE OF THE REGISTRAR

550 EAST SPRING STREET

COLUMBUS, OH 43215

**PLEASE ALLOW UP TO 5 (FIVE) BUSINESS DAYS FROM RECEIPT FOR PROCESSING**

**PLEASE PRINT CLEARLY - ALL FIELDS REQUIRED FOR PROCESSING**

**STUDENT NAME:** \_\_\_\_\_

FIRST

LAST

**COUGARID NUMBER:** \_\_\_\_\_

**CSCC PROGRAM OF STUDY:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

NUMBER AND STREET

CITY

STATE

ZIP CODE

**DAYTIME TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**OTHER INSTITUTION ATTENDED:** \_\_\_\_\_

**DATES ATTENDED AT OTHER INSTITUTION:** FROM \_\_\_/\_\_\_/\_\_\_ (MM/YYYY) To \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

**NAME OF LENDER(S) (FROM OTHER INSTITUTION):**

I, THE UNDERSIGNED STUDENT, REQUEST THAT ANY TRANSFER CREDIT FROM A FOR-PROFIT INSTITUTION OF HIGHER EDUCATION WHICH HAS TERMINATED ITS BUSINESS, NOT BE APPLIED TO MY RECORD AT COLUMBUS STATE COMMUNITY COLLEGE. I AM DECLINING THIS TRANSFER CREDIT TO REMAIN IN COMPLIANCE WITH LOAN FORGIVENESS PROCEDURES. BY MY SIGNATURE BELOW I ACKNOWLEDGE MY AGREEMENT WITH THE CONDITIONS OF THE LOAN FORGIVENESS REQUIREMENTS.

**STUDENT SIGNATURE (REQUIRED):** \_\_\_\_\_

**DATE:** \_\_\_/\_\_\_/\_\_\_

**FOR OFFICE OF THE REGISTRAR USE ONLY**

**PROCESSED BY:** \_\_\_\_\_

**DATE PROCESSED:** \_\_\_/\_\_\_/\_\_\_