



2025-2026 Cal Grant Leave of Absence Request Form

Student's Name: _____ GCC ID#: _____

Cal Grant recipients who are **not enrolled** or **will not be enrolled** for the Fall 2025 and/or Spring 2026 semesters must request a Leave of Absence.

*Schools are not authorized to report a Leave of Absence on a student's behalf for **NEW** Cal Grant recipients. **New** Cal Grant recipients who are not enrolled must request a Leave of Absence through the *WebGrants4Students* on-line portal at www.mygrantinfo.csac.ca.gov. **Renewal** Cal Grant recipients who are not enrolled or those wishing to postpone payment of their Cal Grant funds until they transfer to a 4-year school are encouraged to request a Leave of Absence through the *WebGrants4Students* on-line portal. If the CA Student Aid Commission (CSAC) is not notified of a Leave of Absence for all semesters you are not enrolled at a college or university, your Cal Grant may be withdrawn.*

If you will be transferring to a university, we recommend you postpone any Cal Grant disbursements at Glendale Community College in excess of two years to save the maximum award permitted at your transfer school. For assistance in determining the best options for your situation, you should contact CSAC @ (888) 225-7268. *We strongly recommend that you note the name of the individual that you speak with at CSAC for later reference.*

WARNING: You may obtain total leave time from the program for no more than four (4) semesters within the lifetime of your Cal Grant. Any leave requests in excess of this may result in the withdrawal of your Cal Grant award by CSAC. Please contact CSAC if you are unsure of your remaining eligibility for a Leave of Absence.

REQUEST TO STOP PAYMENT OF CAL GRANT FUNDS

I understand that I am asking to stop payment of my Cal Grant funds for the following semesters and that this form authorizes the Financial Aid Office at Glendale Community College to cancel any pending disbursements of Cal Grant funds for the semesters indicated (please check all that apply). I also understand that I can revoke this Leave of Absence **prior to June 30, 2026** and receive any Fall or Spring disbursements that I may have been eligible for.

Please select the term(s) you wish to report a leave of absence for:

Fall 2025

Spring 2026

Both Terms

Student's Signature: _____ Date: _____

UNSIGNED FORMS WILL NOT BE PROCESSED