

**Cancellation, withdrawal or repayment  
of student financial aid**

You can also complete the form online at  
[www.kela.fi/omakela](http://www.kela.fi/omakela) (in Finnish) or  
[www.fpa.fi/mittfpa](http://www.fpa.fi/mittfpa) (in Swedish).  
More information is available at [www.kela.fi/students](http://www.kela.fi/students)



If you have questions, please call our customer  
service number ([www.kela.fi/call-kela](http://www.kela.fi/call-kela))



Please make sure to complete the form carefully.  
We may contact you for further information if necessary.  
Send the form by mail. The address is  
Kela, PL 10, 00056 KELA.

**1. Student receiving financial aid**

Personal identity code      Family name and given name

Telephone

E-mail

**2. Cancellation or withdrawal of student financial aid**

**i** If you wish to cancel or withdraw only the housing supplement or the study grant, please use form OT 15e and report any changes in circumstances.

I wish to cancel/withdraw my financial aid

for the following period:

\_\_\_\_\_ - \_\_\_\_\_

starting from \_\_\_\_\_ until further notice.

Reason:

Graduation; (date) \_\_\_\_\_

Discontinuation of studies; (date) \_\_\_\_\_

Increase of allowable income limit for the year, setting aside of a month of financial aid for higher education students or decrease of number of months of financial aid taken into account when monitoring study progress.

Military/alternative service or voluntary military service; (date of entry into service) \_\_\_\_\_

**3. Voluntary repayment of financial aid**

I wish to repay financial aid paid to me during the following period \_\_\_\_\_ - \_\_\_\_\_

to increase the allowable income limit for the year, set aside a month of financial aid for higher education students or decrease the number of months of financial aid taken into account when monitoring study progress.

**i** You will be sent a payment slip with a printed reference number.

**4. Signature**

Place and date

Signature