



Manual Refund Request

This request is for a payment of federal financial aid before outside resource payments are available (VA benefits, Voc Rehab, etc.). Students must stay within a cost of attendance budget which includes federal, state, and outside resource funding. Federal and state aid may be adjusted if these outside resources result in an "over award".

Student's Last Name First Name M.I. T-Number

Student's Phone Number (including area code) Email Address

Please explain why you need a manual refund (provide specific examples):

___ I understand that a change in class scheduling, such as adding and/or dropping classes, may adjust my cost of attendance budget leading to a return of funding. You must maintain full time student status to receive 100% of your financial aid entitlement.

___ I will not make any changes to my schedule without first notifying the Veterans Center.

Student Signature Semester (Pick one): Fall Spring Summer

This form will need to be approved by each office before a refund will be issued.

SECTION A: VA benefit/ Voc Rehab Approval

Signature _____ Expected Award \$ _____

SECTION B: Financial Aid Approval

Signature _____ COA Budget Adjusted? Y N

SECTION C: Cashiers Approval Signature _____