



Office of Student Financial Services

FINANCIAL AID ADVANCE REQUEST FORM

This form must be submitted in person

Student Name: _____ **Student ID#:** _____

I would like to request an advance on the current account credit from my confirmed financial aid funds (paid and/or pending) in the amount of \$ _____ (**not to exceed \$1,000**).

Fall 20____

Spring 20____

Summer 20____

Reason for request (Please check appropriate box)

Off Campus Meal Plan (OCMP)

Rent (Copy of Lease Agreement required)

Other (Please explain below)

I understand that if there is any reduction in the amount of my financial aid awards (as a result of withdrawal, change in financial aid eligibility, or other circumstances) that I am held fully liable to return any amount that has been advanced to me.

(Student's First and Last Name)

(Student's Signature) **(Date Signed)**

(Parent Borrower Signature (If Federal Plus Loan offered and accepted) (Date Signed)

OFFICE USE ONLY

DATE RECEIVED: _____
SFS Counselor - Confirmed Aid: _____ (Initials)

AMOUNT APPROVED: \$ _____
APPROVED BY: _____

(Signature of Person Approving Advance)
NOTES: _____
