

## **Consent to Use Excess Financial Aid Funds to Pay Prior Term Charges**

Student Name:	Student ID:
Purpose of this Form	
	I typically only apply credit balances from financial aid
to certain qualifying charges that are incurred during	
Financial Aid Funds include:	
<ul> <li>Private Student Loans</li> </ul>	
<ul> <li>Institutional Scholarships/Fee Waivers</li> </ul>	
<ul> <li>Agency/Outside Scholarships</li> </ul>	
Qualifying charges during the period of enrollment  • Tuition and student fees	include the following:
<ul> <li>Books/Supplies billed by the college</li> </ul>	
<ul> <li>Room and board costs billed by the College</li> </ul>	
Other miscellaneous fees and charges if the	ey are charged to your student account
MEDICINE will refund the excess to you unless you	f these charges, BURRELL COLLEGE OF OSTEOPATHIC give permission to do otherwise. This means that if ir to the period of enrollment) BURRELL COLLEGE OF eck and you will still owe the prior term charges.
amount of residual financial aid funds that exceed	F OSTEOPATHIC MEDICINE authorization to use the the qualifying charges to cover the non-qualifying JRRELL COLLEGE OF OSTEOPATHIC MEDICINE with this
Excess Financial Aid Usage Authorization	
Please sign and date this form, and return it to the	Burrell Bursar's Office
I authorize BURRELL COLLEGE OF OSTEOPATH. funds over my qualifying charges to cover non been billed to my student account.	IC MEDICINE to use the excess of my financial aid -qualifying and prior-term charges that have
Student Printed Name:	

Student Signature: