

Student Signature:

Burrell College of Osteopathic Medicine 3501 Arrowhead Drive Las Cruces, NM 88001 Melbourne Campus 3011 S Babcock St Melbourne, FL 32901

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

Student Name:	Student ID:
Purpose of this Form	
BURRELL COLLEGE OF OSTEOPATHIC MEDICINE will to	vnically only apply credit halances from financial aid
to certain qualifying charges that are incurred during	
Financial Aid Funds include:	
Private Student Loans	
 Institutional Scholarships/Fee Waivers 	
 Agency/Outside Scholarships 	
Qualifying charges during the period of enrollment in Tuition and student fees	nclude the following:
 Books/Supplies billed by the college 	
 Room and board costs billed by the College 	
 Other miscellaneous fees and charges if they 	are charged to your student account
If the total of your financial aid exceeds the total of t MEDICINE will refund the excess to you unless you gi you have prior term charges (charges incurred prior t OSTEOPATHIC MEDICINE will issue you a refund chec	ve permission to do otherwise. This means that if to the period of enrollment) BURRELL COLLEGE OF
To prevent this, you may give BURRELL COLLEGE OF amount of residual financial aid funds that exceed th charges. You can use the form below to provide BUR authorization.	e qualifying charges to cover the non-qualifying
Excess Financial Aid Usage Authorization Please sign and date this form, and return it to the Bu	ursar's Office
I authorize BURRELL COLLEGE OF OSTEOPATHIC funds over my qualifying charges to cover non-q been billed to my student account.	
Student Printed Name:	

Date: __