

Student Request for Return of Loan Funds Disbursed

Use this form within 14 days from date of electronic loan disbursement or date on refund check

Student Name: _____ Semester: _____ Aggie ID: _____

LOANS ONLY: This portion of the document will be filled out by a Financial Aid Advisor.

I wish to return funds:	Date Paid from TSICSRV	Gross Amount	Net Amount to be Paid to Cashiers (UAR)
<input type="checkbox"/> Direct Subsidized Loan	_____	\$ _____	\$ _____
<input type="checkbox"/> Direct Unsubsidized Loan	_____	\$ _____	\$ _____
<input type="checkbox"/> Alternative Loan	_____	\$ _____	\$ _____

For Advisor Review

Calculation Example: RLADLOR

Bill Gross Amount; F10; System will then calculate net amount.

By signing below, I understand that the cancellation of any part of my loans(s) will result in cancellation of the loan(s) for the duration of the loan period. If I desire a loan, I will need to reapply.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

**Students will need to go immediately to the Cashier to pay billing. Image this form to student file. RHACOMM the request.*