

Office	Llco	Only	

Office Use Only

## Office of Financial Aid

## 2018-2019 Book Advance Request

Phone Number:			SSN (last four digits):	
_			<u>-</u>	
1. 2.	Upon approval, visit the Business Office to have the approved amount added to your student ID card (which is required for this process). Your student account will be charged the amount of the bookstore advance received and your initial financial aid refund will be reduced accordingly.			
			nd due to excess aid. Bookstore advances are based on the students must meet the following requirements:	
2.	2. All requested documents have been submitted to the Office of Financial Aid			
NOT sum for v be n wou	plies) up to the following amo \$700 \$600 Full-time \$50 per credit OR the amount of your of IE: Bookstore advances are a simer are only available to Pel winterim, but the winterim cr made as early as two weeks build be 2 ½ months after the st	Pharmacy Students only (Undergraduate-12 credits, Graduate Part-Time (Undergraduate - less than excess financial aid funds, whichever is levailable for all eligible students in the fall-eligible students whose federal aid will redits and charges are considered part of efore the start of classes for that semestart of the semester. After that time, you	12 credits, Graduate - less than 9 credits)	
I UN REF AD\	NDERSTAND THAT MY REFUN UND HAS BEEN SENT TO ME	D FROM MY EXCESS FINANCIAL AID MA I WILL BE REQUIRED TO MAKE PAYMEN ITY TO CHECK MY BILL PERIODICALLY TO	ry the amount of purchases made against this book advance. Y PAY FOR THIS ADVANCE AUTOMATICALLY. IF MY ENTIRE TS TO THE BUSINESS OFFICE DIRECTLY TO REPAY THIS D SEE THAT MY BALANCE HAS BEEN SATISFIED.	
Stu	dent Signature:		Date:	
Offi	ce use only:			

Decision By:

Hold (Y/N) \_\_\_\_\_ Semester Balance: \$\_\_\_\_\_

Financial Aid: \$\_\_\_\_\_ Estimated Refund: \$\_\_\_\_\_

Denied for the following reason:

# Credits Registered:

Advance Approved for: \$

Date: \_\_\_\_\_