Refund – Title IV Authorization Form

Student Name: __________________________ Roosevelt ID: __________________________

This authorization form will instruct Roosevelt University on how to apply excess Title IV funds to your student account. Excess Title IV funds are created when the total amount of Title IV funds applied to your student account exceeds charges for tuition, fees, and room & board. Your authorization will instruct the Office of the Bursar to hold any refunds of excess financial aid funds, to be applied to charges in a future term during the academic year.

If you elect to apply federal financial aid funds to future charges and later wish to receive a refund of either your excess Title IV funds or any other credit balance on your University account, you must make a request directly to the Office of the Bursar.

Authorization to Apply Federal Financial Aid Funds to Future Charges
I authorize Roosevelt University to hold any excess financial aid funds in my University account and apply those excess Title IV funds to future charges.

☑ Yes ☐ No

I understand that this authorization will remain in effect while I am enrolled at Roosevelt University. I also understand that this authorization can be rescinded at any time by submitting a written request to the Office of the Bursar. I further understand that I am responsible for paying to Roosevelt University all enrollment charges I owe by the published due dates.

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

Student Signature __________________________ Date ____________

Submit this worksheet in person to FAS-1M16/Wabash Bldg, by email to fas@roosevelt.edu, or by fax to (312) 341-3545

RRAAREQ CODE: HLD