



Scanning
Doc Category: Grants
Doc Type: Correspondence
Year: 2018

2018-2019 Request to Transfer Funds

Return, mail or fax this completed form and required attachments to the Financial Aid Office.

FAX NUMBERS: • Brookhaven 972-860-4375 • Cedar Valley 972-860-5230 • Eastfield 972-698-3094
• El Centro 214-860-2637 • Mountain View 972-682-7038 • North Lake 972-273-3240 • Richland 972-238-3761

Last Name, First Name, Middle Initial			Student ID Number
Address			Email
City	State	Zip	Primary Contact Number

Check one more that applies:

Transfer funds from semester to semester within the same award year. Credit balance must have already posted into the student's account. Processing time is 5-7 days.

Amount \$ _____
Transfer From (semester and year): _____
Transfer To (semester and year): _____

Transfer funds from semester to semester within different award years. Credit balance must have already posted into the student's account. Processing time is 5-7 days.

Amount (maximum allowable is \$200; student must pay the difference): \$ _____
Transfer From (semester and year): _____
Transfer To (semester and year): _____

Transfer funds to pay for an NSF (returned check) balance. Credit balance must have already posted into the student's account. Processing time is 7-10 days.

Amount (maximum allowable is \$200; student must pay the difference): \$ _____
Transfer From (semester and year): _____

Signature _____ Date _____

<p>FA Office Use Only</p> <p>Approved _____ Denied _____ Date _____</p> <p>Comments _____</p> <p>FA Authorized Signature _____</p>	<p>Business Office Use Only</p> <p>Cashier _____ Cash Receipt # _____</p> <p>Comments _____</p> <p>Date Transferred: _____</p>
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