

Statement of Understanding

I understand my failure to attend a session for which I am registered may result in my financial aid being reduced or cancelled.

I understand that I must complete coursework in the first week of each course or I will be withdrawn from the course.

I understand that a Leave of Absence must be submitted in writing and pre-approved by the Academic Dean.

I understand that in my first semester at Potomac College, my student loans are disbursed at least 30 days after the first day of my first course.

Authorization to Retain Funds

It is the policy of Potomac College, in compliance with federal regulations, to apply a student's Title IV federal financial aid funds to current qualifying charges (tuition and mandatory fees) incurred for the current academic year. If disbursements of Title IV federal financial aid create a credit balance on a student's account for any payment period, the amount of the credit balances is returned to the student. It is a policy of Potomac College that any student who has a past due balance may not enroll in subsequent semesters until that balance has been paid.

Please read the following statements carefully. Please initial all that apply.

1. _____ I authorize the holding of any Title IV federal financial aid credit balance for use in the upcoming semester for the current academic year. I understand that by choosing this option, I will not receive a credit balance check until the end of my academic year.
2. _____ If I withdraw from Potomac College, I request that the College return any credit balance on my account to the appropriate lender to reduce my loan debt.
3. _____ I authorize the use of my Title IV federal financial aid to pay any prior academic year charges up to \$200 as long as it does not prevent me from paying current educational expenses. I understand that Title IV financial aid funds are used to pay current semester charges before being applied to prior academic year charges.

I understand that this authorization remains in effect as long as I am enrolled at Potomac College. I understand that I may rescind this authorization at any time by resubmitting this form to the Office of Financial Aid. This authorization is effective as of the date of submission. By signing below, I acknowledge that I have read the above statements and understand the policies as written.

Student Name (please print)

Student ID#

Student Signature

Date