



STATEMENT OF UNDERSTANDING

Student Information

Name (First, Middle, Last)

Phone #

Street Address

City/State/Zip Code

Authorization

Student's Initials Parent's Initials

_____ _____
I authorize Potomac College to use my Federal, State, and other student aid program funds to pay for allowable charges, including but not limited to program related costs other than tuition and fees.

_____ _____
I authorize Potomac College to apply Federal Student Aid program funds up to \$200 for prior year charges. If these charges are greater than \$200, the school will set up a payment plan.

_____ _____
I understand that once tuition and fees have been paid, the student's account may have a credit balance. I authorize the college to retain the credit balance on the student's account to cover any additional educational expenses that may be incurred prior to the end of the academic year.

_____ _____
I understand changes to my enrollment status, course registration, leaves of absence, and other changes to my program may affect my financial aid.

_____ _____
If there is a credit balance on my account at the end of the award period I authorize Potomac College to return it to the appropriate lender, reducing my loan debt.

_____ _____
I understand that I may rescind this authorization to maintain a credit balance at any time and the school will be required to disburse any excess funds to me on a timely basis.

_____ _____
In the event the student withdraws, I authorize the school to refund credit balances in the order noted in the Potomac College catalog.

I understand that I may refuse, cancel, or modify any individual item on this form at any time by contacting the Financial Aid Office. A cancellation or modification is not retroactive.

Student's Signature

Date

Parent's Signature

Date