



MILWAUKEE SCHOOL OF ENGINEERING
 STUDENT ACCOUNTS OFFICE
 1025 NORTH BROADWAY, CC-437
 PHONE: 414/277-7130
 EMAIL: PAYMENTS@MSOE.EDU

STUDENT NAME: _____

STUDENT ID NUMBER: _____

CREDIT BALANCE AUTHORIZATION FORM
2017-2018 ACADEMIC YEAR

Federal regulations require MSOE to only apply financial aid funds including Title IV funds to certain allowable charges.

Federal Title IV funds include:

- Direct Subsidized/Unsubsidized Loan •Direct Graduate PLUS Loan •Direct PLUS Loan
- Pell Grant •SEOG Grant •Perkins Loan

Allowable charges include only the following

- Tuition
- Mandatory Fees (Technology and Infrastructure & Facility Fees)
- Room and board, if contracted with MSOE

If the sum of federal Title IV funds exceed the sum of these allowable charges, MSOE must return the excess to you. To prevent any outstanding balance because of non-allowable charges, you can complete this form and return it our Student Accounts Office. This authorization will allow MSOE to apply the amount of financial aid including federal Title IV funds that exceed the allowable charges to cover all non-allowable charges (such as parking, bookstore charges, etc.) to your student account.

AUTHORIZATION

Please select from the following:

- I authorize MSOE to apply Title IV funds to all charges (allowable and non-allowable) on my student account for the academic year for which the Title IV funds are received
- I authorize MSOE to hold any excess Title IV funds for future charges within the loan period (academic year)
 -----OR-----
- I authorize MSOE to apply Title IV funds to my MSOE Tower Apartment rent as payment. I understand that my entire refund will be used towards the Tower Apartment. If a credit balance remains after my rent payments are applied, MSOE will issue a refund check (to the appropriate persons) for the remaining excess Title IV funds at the end of the academic year (or earlier). I also understand that I am responsible for any outstanding Tower Apartment rent balances that Title IV funds do not cover.

I understand this authorization is voluntary and will remain valid as long as I am enrolled at MSOE for the academic year. At any time during my period of enrollment I may rescind any of the above authorizations by contacting the Student Accounts Office. I further understand that I will be responsible for paying any outstanding debts to MSOE if I cancel this authorization.

Student Signature

Date: _____

PLEASE RETURN THIS FOR TO THE STUDENT ACCOUNTS OFFICE

FOR OFFICE USE ONLY

 Student Accounts Associate Signature

Date: _____