



FINANCIAL AID ADVANCE REQUEST FORM - MPS

e-mail: sfs@limcollege.edu or fax: 212-750-3473

Student Name: _____ **Student ID#:** _____

I would like to request an advance on the current account credit from my confirmed financial aid funds (paid and/or pending) in the amount of \$_____ (**not to exceed \$1,500**).

- Semester 1 20__
- Semester 2 20__
- Semester 3 20__

Reason for request (Please check appropriate box)

- Off Campus Meal Plan (OCMP)
- Rent (Copy of Lease Agreement required- if not on file)
- Other (Please explain below)

I understand that if there is any reduction in the amount of my financial aid awards (as a result of withdrawal, change in financial aid eligibility, or other circumstances) that I am held fully liable to return any amount that has been advanced to me.

(Student's First and Last Name)

(Student's Signature)

(Date Signed)

OFFICE USE ONLY

DATE RECEIVED: _____
SFS Counselor - Confirmed Aid: _____ (Initials)

AMOUNT APPROVED: \$ _____
APPROVED BY: _____

(Signature of Person Approving Advance)
NOTES: _____
