
 One Washington Square, San José, CA 95192-0138

Instructions: Use this form if you are requesting a return of financial aid funds (loans or TEACH Grant). If you received a refund from these funds, then you should also submit either the refund check or personal check to the Bursar's Office or pay online to cover the return of the financial aid funds.

Funds must be returned within 120 days of initial disbursement

Loan/TEACH Grant Information

Student Name: _____	ID#: _____
Borrower Name: _____ (Parent Plus Only)	Borrower SSN: _____ (Parent Plus Only)
Original FA Disbursement: \$ _____	Return Amt: \$ _____
Fund Source: _____	Semester: _____
Daytime Phone #: _____	
E-mail address of borrower (student/parent): _____	

Student/Parent Statement *(In your own words, please indicate why you are requesting a return of funds.)*

Reason For Return *(Bursar Office staff only)*

The financial aid award(s) need adjustment because the student or borrower:

Is no longer eligible for funds.

Declined

Withdrew

Other _____

 Borrower Signature

Date

 Bursar's Office Authorized Signature

Date