

Student Signature

Office of Financial Aid

Telephone: (415) 257-1350 Fax: (415) 485-3294 50 Acacia Avenue, San Rafael, CA 94901-2298

Email: finaid@dominican.edu
Web site: www.dominican.edu/financialaid

Date

Authorization for Non-Allowable Charges

| Student Last Name | First Name | | Middle Initial | Dominican Student ID Number |
|---|--|--|--|---|
| Street Address | City | State | Zip | Phone or Cell Phone Number |
| for payment of tuition, fees, authorize the University to a University to apply Title IV | and on-campu apply Title IV f funds to these | s room and board funds to other ch other charges, ye | d charges (allowable char arges related to your atter ou may have an account | cial aid funds to your student account rges). You have the option to indance. If you do not authorize the balance that would require an out-of-statement issued by the Business |
| Examples of Federal Title Pell Grant Supplemental Educt TEACH Grant Direct Stafford Loa Direct PLUS Loans | ation Opportun | nity Grant (SEOC | 5) | |
| Examples of Non-Allowab Course Fees Program Fees Book advances Prior term charges (Other approved character | other than for t | tuition, fees, room | n and board) | |
| PLEASE CHECK THE A | PPROPRIAT | E BOX BELOV | V: | |
| ☐ I AUTHORIZE my Titl | e IV funds to p | ay non-allowabl | e charges incurred with t | he University. |
| ☐ I DO NOT AUTHORIZ that I may have an account I | • | | _ | red with the University. I understand |
| STUDENT CERTIFICAT This statement is effective for may change or cancel this a | or my entire per | | | ty of California. I understand that I roactive. |
| This form must be returned | ed before your | · federal financia | al aid will be credited to | your Student Account. |