



# Cornerstone UNIVERSITY®

*Professional & Graduate Studies*

## STUDENT FUNDS REQUEST

I \_\_\_\_\_ request \$\_\_\_\_\_ paid out of my student account credit balance, which may include Title IV Financial Aid Funds.

**Please be aware and understand the following statements represent the policies and procedures of Cornerstone University. Please sign below indicating you have read and agree to these expectations:**

- **If I withdraw, take a leave of absence, etc., for any reason, Cornerstone University may be required under current federal law to send money back to the financial aid source.** This may result in money being owed by me to Cornerstone University. I agree to pay the amount owed on my student account immediately if this occurs. If I do not pay my account in full within 15 business days, I understand that my account may be submitted to collections. I also agree that any legal or collection costs will be paid in full by me, the student.
- **I agree to pay in full the day prior to the start of my next class(es) if there is a balance due.** If I do not pay within this time frame I agree to pay a \$30 late fee per class that is late (I understand my account must be kept paid in full or I may be recommended for withdrawal from my degree program).
- I understand requests for funds must be received prior to **12:00 Noon on Wednesday**. The checks will then be signed and mailed the following week. I understand that any request received after 12:00 Noon Wednesday will not be processed until the following week. I understand that the accounting department reserves the right to change the cut off date and time for administrative reasons including but not limited to employee vacations or holidays.
- **I understand that my request will be denied if there is not a sufficient credit balance** on the student account to draw funds from at the time the request is received by the accounting department. Request forms will not be held until funds post. I understand that if a request is submitted and there are not sufficient funds to process the request, the form will be mailed back to me and will need to re-request funds when they become available.
- **I have read and agree to abide by the above understandings.**

**ALL CHECKS WILL BE MAILED TO THE ADDRESS OF RECORD. BY SIGNING BELOW YOU ARE INDICATING THAT YOU HAVE CONFIRMED YOUR ADDRESS OF RECORD WITH A PERSON IN THE ACCOUNTING DEPARTMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
School ID Number

\_\_\_\_\_  
Current Cohort

***The below section is to be completed by the Accounting Personnel:***

Received by Cornerstone University at: \_\_\_\_\_  
*Day, date and time*

Student in Attendance? \_\_\_\_\_ Approved \_\_\_\_\_

Check Number \_\_\_\_\_ Debit Memo Number \_\_\_\_\_