HARVARD MEDICAL SCHOOL
FINANCIAL AID OFFICE

Refund/Cash Advance Request Form

This form may be used to request a refund or cash advance if: 1) your termbill shows a credit balance; 2) your termbill is expected to show a credit balance when you sign your loans at Holyoke Center; 3) you have endorsed over to your termbill a check for an outside scholarship or loan that, when credited to your termbill will result in a credit balance, or 4) you are expecting a credit from an outside funding source such as HST or HHMI.

Please write legibly:

Name: _____ Date: _____

Harvard ID #: _____

Telephone Number: _____ Year of Graduation: _____

Email Address: _____

I am requesting a: (Check One)

☐ Cash Advance for the amount of: $ _____ ($1000 or $1500)**

☐ Refund for the amount of: $ _____ (Write Balance for Full Credit)

Cash Advancement is one month's housing expenses based on either a 10-month or 12-month student budget. The maximum advance is $1000 for students living in Vanderbilt Hall or $1500 for students living in the community.

Your check will be mailed directly from the University system to the address you enter here:

_____

_____

Special Consideration:

_____

FYI –

- You must sign your promissory notes before loan proceeds can be credited to your student termbill statement.
- We transmit check requests one a week. You will be notified via email that a check has been requested and you should expect the check to arrive in 3-5 business days from the date of notification.
- You should never accept a refund check for an amount that is larger than you expect. When a disbursement check is drawn from your termbill account, it creates a charge or debit on your account. You are responsible for paying any charges on your termbill that are not covered by financial aid.
- I also understand that I am responsible for the repayment of any funds disbursed through errors identified at a later date by either party.

Office Use Only:

Officer Initials: _____ Processing Date: _____ Refund Batch Number: _____

Outstanding Termbill Charges: $ _____ Current/Pending Termbill Credits: $ _____

Amount of Refund/Advance Authorized: $ _____

By submitting this form you are electronically signing it and agreeing to all terms on the form.

Submit **Print**