

FINANCIAL AID OFFICE

1537 University blvd. Morrilton, AR 72110

(501) 977-2055 1-800-264-1094 Fax: (501) 977-2123

www.uaccm.edu

REPAYMENT REQUEST FOR PRIOR-YEAR CHARGES

Student Name:		Student ID No.:	
(Last Name)	(First Name)		
Prior-Year Balance: \$	Term(s) for Prior-Year Cha	rges:	
Current-Year Award Term:			
provided (UACCM's award year is fa year charges of not more than \$200 authorization; and educationally-rel	Ill through summer). However, a second for tuition and fees provided by the ated goods and services provided ACCM's policy is to obtain the students.	student's costs for the period for which school may use current-year funds to sa he school without obtaining the studen by the school if it obtains the student's udent's signature (parent's signature onl	tisfy prior award t's or parent's or parent's
I, \$200) withheld from my current-yea awards must first be used to pay cur		, agree to have \$ part my prior-year charges. I understa ar charges are applied to my award.	(not to excee
Signature: (Student)		Date:	

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