



REPAYMENT SCHEDULE FOR FINANCIAL AID

TO: District Accounting
FROM: Vice President, Student Services
Director, Financial Aid Office

STUDENT INFORMATION:

Name: _____ I.D. Number: _____

Email: _____ Phone: _____

The above student currently has an outstanding balance owed to SBVC in the amount of:

\$ _____ from (semester/year): _____

The owed amount is due to the following situation:

- _____ Overpayment of financial aid award for Pell Grant or Cal Grant
- _____ Dropped from all classes for nonpayment of fees
- _____ Received award simultaneously at another institution: _____
- _____ College error: _____
- _____ Other: _____

PAYMENT AGREEMENT: The following payment arrangements have been made with the student named above and no further changes to this agreement will be extended without **PRIOR** approval from the Financial Aid office or Student Services Division.

1. The first initial payment must be received by the SBVC Campus Business Office on or before _____ in the amount of \$ _____.
2. All future payments thereafter, will follow the schedule below:
on or before the _____ of each month in the amount of \$ _____.
3. Special Conditions: _____

Checks or money orders should be made payable to **San Bernardino Valley College**. By signing below, you acknowledge and agree to the following conditions:

- Only one (1) repayment plan can be scheduled per overpayment. If you fail to complete the arrangement, including the initial payment, no further arrangements will be made and no further requests for payment options will be considered or granted.
- Students who have made payment arrangements and have kept their agreement must request their records be released 48 hours in advance from the day/time they choose. (Please be aware of weekends and holidays.) A hold can only be released for a single 24 hour period.
- Requests for hold releases and other arrangements must be made by email to the office contact person (see attached).

Student's Signature

Date

Vice President/FA Director

Date