WASHINGTON ADVENTIST UNIVERSITY

School of Graduate & Professional Studies

Check Request Form

READ AND INITIAL EACH LINE

1. _____ I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLETING AT LEAST SIX (6) CREDIT HOURS PER SEMESTER IN ORDER TO RECEIVE FINANCIAL AID.

2. _____ I UNDERSTAND THAT IF I DROP BELOW SIX (6) CREDIT HOURS WITHIN AN AWARDED SEMESTER, MY FINANCIAL AID WILL BE RETURNED TO THE LENDER AND I MUST PAY ANY BALANCE OWED TO WASHINGTON ADVENTIST UNIVERSITY.

3. _____ I UNDERSTAND THAT MY FINANCIAL AID AWARD LETTER IS FOR FUNDING MY EDUCATION. IF I WITHDRAW THE TOTAL CREDIT ON MY ACCOUNT, I MUST USE OTHER MEANS TO PAY MY TUITION.

4. _____ I UNDERSTAND THAT NO SPECIAL ARRANGEMENTS WILL BE MADE FOR ME IF I WITHDRAW THE CREDIT BALANCE ON MY ACCOUNT.

5. _____ I UNDERSTAND THAT I AM RESPONSIBLE FOR MONITORING THE STATUS OF MY WAU ACCOUNT AND KEEPING IT CURRENT.

CHECKS ARE PROCESSED WITHIN FIVE [5] BUSINESS DAYS

Name_____ **WAU ID#**_____
Do Not Use SSN#

Contact#_____

Address_____
City *State* *Zip*

_____
AMOUNT REQUESTED

_____
Signature

For more information please contact the **SGPS Business Manager** at 301-891-4090.
School of Graduate & Professional Studies
7600 Flower Avenue
Takoma Park, MD 20912
[O] 301-891-4092 [F] 301-891-4023

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Approved by Business Manager