

Financial Aid and Scholarship Services Post-withdrawal Disbursement

Academic year

2024-2025

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Last name	First name		Middle initial	10-digit ASU ID
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Local street address	City	State	Zip code	Daytime phone number

This form will not be processed if any items are left blank or illegible.

If clarification of your situation is necessary, additional information or documentation may be required.

Purpose

It has been determined that you have withdrawn from ASU and are eligible to receive a post-withdrawal disbursement of a loan you had previously accepted. Please go to My ASU, under the Finances tab, in the Financial Aid and Scholarships box to review the amount of aid you are eligible to receive as a post-withdrawal disbursement. Complete this form if you would like to receive or decline those funds.

Instructions

- 1. Complete Section A if you would like to accept or decline your post-withdrawal disbursement.
- 2. Complete Section B if you would like to accept a reduced amount of your post-withdrawal disbursement.
- 3. Submit this form and supporting documentation online to https://tuition.asu.edu/forms/fa-misc-verification/2025, mail to PO Box 870412, Tempe, AZ 85287-0412, or in person at any Financial Aid and Scholarship Services location.

Section A: Accept or decline your post-withdrawal disbursement

I confirm I would like to receive the full amount of the post-withdrawal disbursement offered to me.
I would like to decline the post-withdrawal disbursement offered to me.

Section B: Reduce your post-withdrawal disbursement

Go to My ASU, under the Finances tab, in the Financial Aid and Scholarships box to review the amount of aid you are eligible to receive as a post-withdrawal disbursement. Make your reduction from this dollar amount.

I confirm I would like to receive a reduced portion of the post-withdrawal disbursement offered to me.

Type of aid	From	То
Direct Subsidized Loan	\$	\$
Direct Unsubsidized Loan	\$	\$
Federal Grad/Parent PLUS Loan	\$	\$

Section B: Certification and signature

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Signature	Date

If you need assistance to complete this form, please contact our office at 855-278-5080 or tuition.asu.edu/contact-resources.