



Office of Financial Aid
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2024-2025 Early Refund Request Form

STUDENT INFORMATION:

Student Name: _____ Student ID: _____

SEMESTER:

☐ Fall 2023 ☐ Spring 2024 ☐ Summer 2024

AUTHORIZATION:

Read and initial each statement below:

☐ I understand that failure to begin any courses I am currently registered for in Module II may cause a reduction in my Financial Aid award

☐ I understand that failure to complete my current courses in Module I may cause a reduction in my Financial Aid award

☐ I understand that any balance owed as a result of enrollment changes is my responsibility to repay Anna Maria College and that Financial Aid may not be available to assist me.

STUDENT CERTIFICATION

(1) With the knowledge provided above, I authorize Anna Maria College to disburse my financial aid package prior to confirming my enrollment in my Module II courses and accept any financial responsibility that may arise if my enrollment plans change.

Signature

Date