

Houston Community College

Request for Early Release of Financial Aid Grant Funds

Fall 2017 ONLY

As a result of Hurricane Harvey, we are allowing early release of financial aid grants and scholarships prior to the completion of faculty roster confirmation. However, we need confirmation from your professor/instructor that you are here and attending your classes for the Fall 2017 semester. Student loan funds will be released as soon as possible but may not be possible until the second or third week of classes. Please provide the following information to the FA Office to request early release of funds.

Student HCC ID Number _____

Today's Date: _____

Student's Full Name _____

Reason for early disbursement/refund:

How many credit hours are you enrolled in for Fall 2017 semester? _____

Please list your courses below. Each of your professors/instructors must sign below confirming that you have started the course and plan on attending the entire Fall 2017 semester.

| LIST FOR ALL COURSES FOR THE FALL 2017 SEMESTER: ATTENDANCE IN ALL COURSES IS <u>REQUIRED</u> FOR APPROVAL | | Professor/Instructor Signature (required) | Course Credits Faculty to Provide |
|---|-------------------|--|--|
| Course Number | Instructor's Name | Professor/Instructor Signature | Credits for each course |
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Total Credits for Courses Listed Above (must match enrolled information): _____

Important: In order to qualify for an early release of your financial aid grant, you must be enrolled and attending the courses in which you are currently registered. If you drop or add courses, it may affect the amount of financial aid you are eligible to receive. Once the aid has been disbursed to you, you will be responsible for changes in your enrollment that may affect your aid. You will also be responsible for bookstore charges applied to your student account.

I certify that I am attending the above courses and will be responsible for any refund overpayments associated with changes in my course schedule or additional charges.

Student Signature _____ Date _____

PLEASE ALLOW 3 DAYS FOR PROCESSING

Important – If the above information does not match schedule, processing will be delayed.