



STUDENT - TITLE IV CREDIT AUTHORIZATION FORM

A Title IV credit is the difference between the allowable tuition and fees (tuition and fees that are calculated in the student’s budget including housing and dining charges) against all of the federal aid that is received for the award period (term) in question. If the difference results in a credit then it is considered a Title IV credit.

Funds under the Title IV program includes: the Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), Academic Competitiveness Grant (ACG), National Science and Mathematics Access to Retain Talent (SMART) Grant, Federal Perkins Loan, Federal Direct Loan, Federal Direct Parent PLUS loan, and the Federal Direct Graduate PLUS loan.

A Title IV authorization allows American University to apply a student’s excess Title IV funds to non-institutional charges such as parking permits and health center fees. The student must authorize the application of these funds to non-institutional charges.

Furthermore, this authorization allows American University to retain the Title IV credit balance and apply the credit to outstanding charges within the current award year. Should a Title IV credit balance still exist at the end of the award year, the amount, to the extent of the Title IV credit, will be refunded directly to the student. Unless the credit balance is the result of a Federal Direct Parent PLUS loan(s), then it is refunded to the parent borrower (unless the borrower has authorized the credit to be refunded to the student).

Student Name: _____ **ID Number:** _____

I authorize American University to retain any excess Title IV funds on the student account listed above to pay for charges incurred in the academic year in which the credit balance occurred. (Note: If a Title IV credit balance still exists at the end of the academic year, it will automatically be refunded)

I agree

I disagree with the above statement.

By signing below I understand this authorization to apply Title IV funds, to retain Title IV credit balances on my account is voluntary, and that this authorization remains in effect for the duration of my American University education. I further understand that I can change or rescind these authorizations by contacting the Office of Student Accounts in writing.

Student Signature: _____ **Date:** _____

Office:

|Date Received: _____ **||PERC:** _____ **||Date:** _____

For more information please contact:

AU Central at (202) 885 - 8000

Email: aucentral@american.edu

Web: <http://www.american.edu/aucentral>