



PRIOR YEAR AUTHORIZATION REQUEST

AJMLS/SLS Student ID 0 0 0 0 0

Student's Last Name	First Name	MI	Date of Birth	
Home Phone	Cell Phone		Last 4 digits of SSN	
() -	() -			
Street Address		Apt/S	Apt/Suite No.	
City	State	Zip Co	ode	

The purpose of this form is to resolve a prior outstanding balance due on your student account at Atlanta's John Marshall Law School (AJMLS) or Savannah Law School (SLS). This request is a one-time authorization for the use of an expected Financial Aid credit balance/refund during your next semester of enrollment; a financial aid refund is a credit balance on your student account <u>after</u> financial aid has been applied to all tuition and fees for the expected semester of enrollment. If a **HOLD** exists on your account due to the outstanding balance, the **HOLD** will be removed upon completion and submittal of this form with the understanding that if you do not meet the conditions of this request you will be held liable for the balance on your student account.

If your prior balance is within the same academic year, you may request an amount of your refund from the current semester of enrollment be applied to the balance due. The amount applied to your student account balance cannot exceed the total amount of your refund due.

If the prior semester of enrollment has occurred in a previous academic year, only up to \$200.00 of your expected refund from Federal Student Aid (financial aid) will be applied to the balance due - you are required to pay the remainder of the balance due prior to this authorization request being processed and the HOLD being removed from your student account.

Please review the information below and complete all areas. This form requires completion by <u>both</u> the Bursars Office and the Office of Financial Aid (OFA).

ENROLLMENT INFORMATION AND CERTIFICATION					
What is your expected Semester of Enrollment? 🗖 Fall	Spring Summer	Year:			
How many credit hours do you plan to enroll in during the expected Semester of Enrollment?					
For what semester do you have a balance due? Fall	Spring Summer	Year:			

I do hereby certify that I authorize Atlanta's John Marshall Law School or Savannah Law School to apply the eligible amount of my expected financial aid refund from my next semester of enrollment to my prior semester balance due; the balance that is due includes, but is not limited to tuition, books, supplies, miscellaneous fees, charges and fines, institutional advances/loans, and other expenses. I understand that if I do not meet the conditions of this request I will be held liable for the balance on my account and all consequences thereof.

Signature

Date_

FINANCIAL AID DEPARTMENTAL USE ONLY

Determine if the student will be eligible for aid during the next semester of enrollment. If the student will be eligible, determine the amount of aid the student may receive. Complete this section of the form and forward to the Bursars Office to temporarily remove the registration and/or financial hold.

Awards				
SEMESTER	FALL	SPRING	SUMMER	
Direct Loan Unsubsidized Stafford Loan				
Direct Loan Graduate PLUS Loan				
Scholarship				
Other Aid				
Maximum (NET) Amount of Aid Available				
OFA Name			DATE	
OFA Signature				

BURSARS OFFICE DEPARTMENTAL USE ONLY

After the Office of Financial Aid (OFA) has completed the above section determining eligibility for the student, complete the section below and temporarily remove the registration and/or financial hold. A student must immediately register *after* the hold is temporarily removed. After a student has registered, replace the registration hold to prevent additional courses from being added. If the hold is not replaced, there is a possibility that additional classes will be added and the previously determined eligibility by the OFA may no longer be accurate and cause an additional debit balance. If the student wants to increase the course load, he/she must return to the OFA to determine eligibility *prior* to temporarily removing registration and/or financial hold.

	Amounts	Indicate Semester/Year	
Prior Semester/Year Balance			
Expected Tuition & Fees			
Expected Refund to be applied			
Bursar Officer Name			Date
Bursar Officer Signature			

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