

Stipend Advance Request Form

***Email completed form to stipendadvance@auamed.org**

Student Name _____ **Student ID** _____

All advance requests are subject to approval based on the following criteria:

- Students must have FSA verified and packaged in amounts large enough to cover all charges plus advance amount.
- Students in BAS1 through BSIC must have completed on campus check-in.
- Students in CLN5 through CLN8 must be actively enrolled in the semester for which FSA is pending.
- Students cannot have a past balance, or, must have a signed agreement to pay past balance in full with next FSA stipend.
- Students must sign a Title 4 Non-institutional release form.

I request an advance of **\$3,000** against my FSA living expense stipend for:

BASIC SCIENCE/BSIC Spring _____ Fall _____ term 20____

CLINICAL SCIENCE Semester No. _____

By signing below I acknowledge, if approved, this advance will be posted as a charge to my account and will be deducted from my anticipated loan disbursement. Further, I acknowledge any resulting balance on my account due to the loss and/or reduction of FSA or any other anticipated credits, due to ineligibility, attendance, incomplete paperwork, will be my responsibility to pay.

I ALSO UNDERSTAND, IF THIS REQUEST IS APPROVED, ADDITIONAL ADVANCES CANNOT BE REQUESTED UNTIL FIVE WEEKS FROM THE POSTING DATE OF THIS REQUEST.

Student
signature _____ Date _____

*Completed forms must be submitted by the weekly cut off, which is 5pm eastern time each Tuesday, in order to be uploaded for direct deposit each Wednesday. Requests submitted after the weekly cutoff deadline will be pushed to next weekly cycle.