



## THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

### OFFICES OF THE BURSAR AND STUDENT FINANCIAL AID

I \_\_\_\_\_, student ID number (SA ID) \_\_\_\_\_, wish to return the below funds. By returning these funds, I understand that they may not be available at a later date.

Award Name	Amount
_____ Alternative Loan	\$ _____
_____ Federal Direct Grad Plus Loan*	\$ _____
_____ Federal Direct Parent Plus Loan*	\$ _____
_____ Federal Direct Unsubsidized Loan*	\$ _____
_____ Federal Direct Subsidized Loan*	\$ _____
_____ Federal Perkins Loan	\$ _____
_____ Lew Wentz Loan	\$ _____
_____ Health Professions Loan	\$ _____
_____ Other	\$ _____

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\*If returning Federal Direct Loan funds, cents **cannot** be accepted.  
The return must be a whole dollar amount.\*