

APU ID#: _____ Academic Program: _____

 Name: _____
Last First M.I.

Cell Phone (_____) _____ - _____ Non-APU e-mail: _____

Please fill out all areas of the form below:

- This request must be completed for **each term** as needed.
- Please scan and email this completed form to your assigned Student Account Counselor. You may also mail or fax it to the Graduate SFS Office: Azusa Pacific University • Graduate and Professional Center: SFS • P.O. Box 7000
 • Azusa, CA • 91702 • Fax: 626-815-4545

 A. **Invoice/Receipt Term (Select One):** Summer B 2015 Fall 2015 Spring 2016 Summer 2016

B. Reason for my request:

- Company Reimbursement: _____ (Name of Company)
- Outside Scholarship Agency: _____ (Name of Scholarship)
- Other: _____
- Relationship: Family Member Company Trust in Family Name Other _____

 C. **Reporting:** Are you receiving any Federal Financial Aid (Federal Direct Subsidized/Unsubsidized Loans, PLUS Loans, PELL Grant) during the 2015-2016 year?

 NO YES → Please list the expected value per term of all company reimbursements, scholarships, grants, or any other outside aid you will receive during the 2015-2016 year. Per federal regulations, you must report all outside resources when receiving federal financial aid:


Summer B: _____ Fall: _____ Spring: _____ Summer: _____

 D. **Additional information required:** By default your invoice/receipt will include: Term, Classes, Units, and Tuition Cost. Please select any other required information from the list below.

- Fees
- Grades
- Social Security Number (SSN)
- Other information required: _____

E. Invoice/Receipt Delivery:

- Mail to: _____
Street City State Zip
- Fax to: () _____ - _____
- Email to: _____
- Hold for Pickup (your counselor will notify you when your invoice is ready)

I understand that if for any reason my third party does not make payment to APU, I am responsible for any charges incurred by my enrollment at Azusa Pacific University. I realize that if my account becomes delinquent, this may have a negative impact on my credit profile. By signing this form, I also authorize APU to release my academic and financial records as requested; I understand that my social security number will be listed on my academic record.

Student Signature (Required – No electronic signature accepted)

 _____/_____/_____
Date