☐ DOE Overpayment
☐ SDCC Overpayment

SAN DIEGO CITY COLLEGE

FEDERAL FINANCIAL AID OVERPAYMENT SCHEDULE TO REPAY

Program Owned: ☐ Cal Grant ☐ Pell ☐ FSEOG ☐ Other: _____

Name:_____ CSID#:_____

Overpayment amount: $_____ Semester:_____

REPAYMENT SCHEDULE AS FOLLOWS:

DATE	AMOUNT DUE	PAYMENT RECEIVED BY	REMAINING BALANCE

I agree to the above payment arrangement and understand that:

- Holds will not be released from my records until I have repaid all overpayments owed to San Diego City College in full.
- If I fail to repay, in full, an overpayment owed to the United States Department of Education (USDE) within the 45-day grace period, my name will be referred to the USDE and I will lose eligibility for further financial aid at all schools and colleges nationwide.
- I must then arrange a repayment plan with USDE in order to reestablish my financial aid eligibility.

Student's Signature:_____ **Date**:_____

White – Cashier *Yellow – Student* *Pink – Financial Aid*