

MN Office of Higher Education Refund Return Form

For Returning End of Year Balances of Post-Closure Refunds

Returning End of Year Balance

(for use with State Grant, State Work Study, Postsecondary Child Care Grant and MN GI Bill programs)

Program Name	Aid Year	Amount of Refund
		\$
		\$
		\$
		\$
		\$

Returning Individual Student Refund(s)*

(for use with Achieve Scholarship, Indian Scholarship, State Grant, State Work Study, Postsecondary Child Care Grant and MN GI Bill programs)

Student's Name	SSN	Program	Amount	Term	Aid Year	Reason *	If Reason is PW or CH, please indicate enrollment level at: Time of Disbursement/ Current
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

Reason Codes:
 NE = not enrolled for term/withdrawal before disbursement
 WI = total withdrawal from school after disbursement
 PW = withdrew from class but still enrolled
 CH = changed enrollment level, refunding full difference in awards
 OT = other

Return refund with form to:
Minnesota Office of Higher Education
Administrative Services Division
PO Box 64449
St. Paul, MN 55164-0449

Person Returning Funds:		Phone Number:
Name of College:	School Code:	Date Completed:

*Schools should only return individual student refunds for State Grant, State Work Study, Postsecondary Child Care Grant and MN GI Bill programs if they occur after the school has closed out program activity for the aid year.