**MN Office of Higher Education Refund Return Form**

For Returning End of Year Balances or Returning Individual Student Refunds

**Returning End of Year Balance or Interim Excess**

(for use with ID Grant, Postsecondary Child Care Grant, State Grant, State Work Study)

|  |  |  |
| --- | --- | --- |
| **Program Name** | **Aid Year** | **Amount of Refund** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Returning Individual Student Refund(s)\***

(for use with ID Grant, Indian Scholarship, MN Reconnect Scholarship, Postsecondary Child Care Grant, State Grant/Dream Act, State Work Study, Teacher Candidate Grant)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s Name** | **SSN** | **Program** | **Amount** | **Term** | **Aid Year** | **Reason Code** | **At Disbursement Enrollment Level** | **Current Enrollment Level** |
|  | XXX-XX- |  | $ |  |  |  |  |  |
|  | XXX-XX- |  | $ |  |  |  |  |  |
|  | XXX-XX- |  | $ |  |  |  |  |  |
|  | XXX-XX- |  | $ |  |  |  |  |  |
|  | XXX-XX- |  | $ |  |  |  |  |  |
|  | XXX-XX- |  | $ |  |  |  |  |  |
|  | XXX-XX- |  | $ |  |  |  |  |  |
|  | XXX-XX- |  | $ |  |  |  |  |  |
|  | XXX-XX- |  | $ |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Reason Codes:** | NE = not enrolled for term/withdrawal before disbursement | Return refund with form to:  **Minnesota Office of Higher Education Administrative Services Division**  **PO Box 64449**  **St. Paul, MN 55164-0449** |
| 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 (provide explanation above) |

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