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| **MN Office of Higher Education Refund Calculation Worksheet****USE FOR PARTIAL WITHDRAWAL (MN State Grant, Postsecondary Child Care Grant, Safety Officer’s Survivor Grant)** |
| This form is available in spreadsheet format at: <http://www.ohe.state.mn.us/mPg.cfm?pageID=1538>  |
| This form should be used to calculate refunds for the MN State Grant, Postsecondary Child Care Grant and Safety Officer’s Survivor Grant programs when the student changes enrollment level at a credit-hour institution that charges by the term but is still enrolled at or above the minimum enrollment level for each program. |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Student Name:** |  |  | **SSN:** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of student’s change in enrollment level:** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **PART I – DETERMINING AMOUNT OF NET REFUND** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **A.** | Amount of financial aid and cash received to date for the term, including any post-withdrawal disbursements of Title IV financial aid applied to institutional charges.\* Include cents. If funds received exceed the original institutional charges, enter the amount of original institutional charges only.   |  |  |
|  |  |  |
|  |  |  |
|  | **A** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **B.** | Amount of original institutional charges the school can retain per its institutional orState-mandated refund policy.\* - |  |  |
|  | **B** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **C.** | **A – B = GROSS REFUND**  |  |  |
|  | If gross refund is less than or equal to zero, then no refund is due state financial aid programs. = | **C** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| \*The state adopts the definition of institutional charges used for federal Title IV aid programs under 484B of the Higher Education Act of 1965 as amended and 34 CFR 668.22. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **PART II – DIFFERENCE BETWEEN ORIGINAL AND REVISED STATE FINANCIAL AID AWARDS** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Credits** |  | **State****Grant Award** |  | **Child Care****Grant Award** |  | **Safety****Officer’s****Survivor****Award** |  |  |
| **Original Enrollment Level:** |  | **$** |  | **$** |  | **$** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Revised Enrollment Level** |  | **- $** |  | **- $** |  | **- $** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **AWARD DIFFERENCE** |  | **= $** |  | **= $** |  | **= $** |  |  |  |
| (Original minus Revised) |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

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| **PART III – DETERMINING PROPORTIONAL SHARE OF NET REFUND FOR DISTRIBUTION TO NON-TITLE IV AID PROGRAMS** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| List all non-Title IV financial aid received to date for the term. Include only programs requiring refunds when a student changes enrollment level but is still enrolled at or above the minimum enrollment for the program.  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **% of Non-Title IV Aid Package** |  | **Proportional Share of Refund\*** |  | **Refund for Partial Withdrawal** |
|  | **Program Name** |  | **Amount Disbursed** |  | (For each program divide amount disbursed by total disbursed and round to two decimal places, (45.665%=45.67%) |  | (Multiply Part I, Line C by % of Non-Title IV Aid Package for each program and round to nearest dollar.) |  | (Lesser of programAward Difference in Part II or Proportional Share of Refund) |
| **1** | State Grant\* |  **$** |  | **%** |  |  **$** |  | **$** |  |
| **2** | Postsecondary Child Care Grant\* | **$** |  | **%** |  |  **$** |  | **$** |  |
| **3** | Safety Officer’s Survivor Grant | **$** |  | **%** |  |  **$** |  | **$** |  |
| **4** |  |  **$** |  | **%** |  | **$** |  | **$** |  |
| **5** |  | **$** |  | **%** |  | **$** |  | **$** |  |
|  |  |  |  **TOTAL = $** |  | **=** | **100.0%** | **$** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **WHERE TO RETURN REFUNDS:** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| State Grant and Child Care Grant refunds occurring before the school closes out its activity for the aid year should be placed back in the school’s State Grant or Child Care Grant account on campus. Post-closure refunds for these programs as well as refunds for the Safety Officer’s Survivor Grant should always be sent directly to OHE using the Refund Return Form downloadable from: <http://www.ohe.state.mn.us/mPg.cfm?pageID=1538>. |
|  |  |  |  |  |  |  |  |  |  |  |  |