

THIS FORM MUST BE COMPLETED EVERY SEMESTER.

READ AND PROCESS EACH SECTION CAREFULLY — AN INCOMPLETE OR INCORRECT SUBMISSION WILL RESULT IN DELAYS. All documents submitted to the Office of Financial Aid Services must be signed; all e-communications from Financial Aid Services will be sent to student's official Lewis email account.

Student Beneficiary Information:

Student ID: _____

XXX — XX —

Student Name (Please Print)_____
Last Four Digits of Social Security Number

The following information will determine how *College Illinois!* will be billed for, DO NOT LEAVE ANYTHING BLANK.

Has the student received benefits before?

Yes _____ No _____

Does the student have remaining eligibility?

Yes _____ No _____

For which semester are you completing this form? (Please only choose one)

Fall _____ Spring _____ Summer _____

Is student registered for classes for above semester?

Yes _____ No _____

Please indicate students registered hours: _____

DO YOU HAVE ANY SPECIAL REQUESTS ON HOW LEWIS UNIVERSITY BILLS COLLEGE ILLINOIS! FOR THE ABOVE NAMED STUDENT?

E.g. requesting only a specific amount be billed for semester: [] Yes [] No

If yes, please indicate here: _____

You Must Notify Our Office of:

- Changes in student's schedule
- Withdrawal, Drop, or if additional classes have been added

Please note: Failure to complete this form every semester may result in a balance being owed to the university, which may result in a registration hold being placed on your student's account.

Agreement and Signature:

By signing this form, you are authorizing, Lewis University's Office of Financial Aid Services, to bill *College Illinois!* for tuition and mandatory fees on behalf of the student listed above. Mandatory fees include only those fees required of every student. *College Illinois!* does not pay for room and board, books, course-specific fees, laboratory fees, etc.

Parent Name (Print)_____
Parent Signature_____
Date