Institution Name



Total Refund Due

## Office of Higher Education Refund Worksheet for Dual Enrollment (DE)

When is this form to be used?

- 1. If an adjustment is not possible in MiSSG, you need to complete and return this form to the Office of Higher Education with a physical check.
- 2. If an adjustment is made; however, your institution's balance is insufficient, complete and return this form to the Office of Higher Education with a physical check.

Academic Year

3. If an institutional audit is complete and money has been improperly paid for a previous fiscal year, complete and return this form to the Office of Higher Education with a physical check. If your refund does not fit one of these parameters, contact the Office of Higher Education's Customer Care Center at 888-447-2687 for further assistance.

## The check must be attached to the form to ensure proper processing.

Institutions must return funds if students do not meet the enrollment standard, do not make satisfactory academic progress, if a student withdraws, or otherwise does not meet program requirements after final payment. Form and check should be sent to the refund specific P.O. Box listed at the bottom of this form.

NOTE: Institutions should not complete a refund for the current year until after the 4th quarter payment and/or notification is received from the program coordinator. Any differences in aggregate amounts awarded and paid are designed to net out naturally over the course of the four quarterly payments. If you need to make a <u>current year adjustment</u>, do so in MiSSG. The procedures can be found in the <u>MiSSG Technical Manuals</u> under "Adjustments for Reimbursement" or "Refunding Paid Reimbursements" sections of each program.

Number of Students

Check Number

Student Name	UIC	Semester/ Term	Date Semester/ Term Began	Original Award Amount	Corrected Award Amount	Amount of Refund		Reason for Refund		
Use page 2 for additional entries.										
Authorized Signature	ignature			Title				Date		
Direct Phone Number			Fax Number				Email Address			

Make checks payable to: State of Michigan

Send form and check to: Office of Higher Education, Refunds, P.O. Box 30782, Lansing, MI 48909

Phone: 888-447-2687, Fax: 517-241-5835, Email: MiStudentAid@Michigan.gov

Student Name	Missg ID	Semester/ Term	Date Semester/ Term Began	Original Award Amount	Corrected Award Amount	Amount of Refund	Reason for Refund
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