



OFFICE OF FINANCIAL AID

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Return of Financial Aid Funds Form

This form must be completed in person prior to returning financial aid funds to the NSC Cashier's Office.

Student Name: _____ NSHE ID#: _____

Amount of financial aid funds to be returned: \$ _____

Type of funds to be reduced or canceled – please mark all that apply:

- Unsubsidized loan
- Subsidized loan
- Pell grant
- Other – write in type of aid to be reduced/canceled _____

Method of repayment:

- NSHE Check
- Personal check / money order / cash
- Credit Card

By signing below I acknowledge the adjustments to be made to my financial aid as indicated above.

Student Signature: _____ Date: _____

Office use only

Is this a potential R2T4 (circle one)? Yes No

If yes, please indicate an estimated date for R2T4 to be completed, _____.

Service indicator (S03 – no refund) placed? Yes No

If yes, expiration date for service indicator is _____.

Financial Aid Representative's Initials _____