

**Heartland Community College
Financial Aid Office
Tuition Payment Extension Agreement**

Name _____ HCC ID _____

I request that payment for _____ 20__ semester classes at Heartland Community College be extended until (date) _____ to allow for processing of my financial aid. The following documents are needed in order to complete my financial aid application:

_____ Student Federal Tax form for 20__	_____ Other _____
_____ Verification Worksheet	_____ Other _____
_____ Parent Federal Tax form for 20__	_____ Other _____
_____ Award Notification	_____ Other _____

Terms and Conditions:

---I understand that it is my responsibility to provide any required information to the Financial Aid Office before (date) _____. If I do not provide the information, this tuition payment extension expires and I am responsible for full payment of my account to Heartland Community College.

---I understand that if after review of my application, I am not eligible for financial aid funds; I am responsible for paying all charges to Heartland Community College.

---I understand that I must pay the difference between the charges on my account and any financial aid credited to my account, if there is a balance due.

---I accept any and all financial obligations owed to Heartland Community College, including the tuition (and lab fees) for courses dropped after the published refund date.

---I understand that if I do not receive financial aid funds, the courses in which I am enrolled **WILL NOT** automatically be dropped by Heartland Community College. I further understand I will incur all charges for these courses unless I take action to drop the courses by the published refund date.

---I understand that my signature indicates I have read and understand all the terms and conditions of this tuition payment extension agreement.

Other _____

Student's Signature

Date

FAA Authorized Signature

Date