



OREGON COLLEGE *of* ORIENTAL MEDICINE

ocom.edu | 75 NW Couch Street, Portland, OR 97209 | Office of Financial Aid: 503-253-3443 x108

## Financial Aid Agreement and Authorizations 2020-2021

— Please check all of the following after you have read each statement, then sign below —

### Additional Sources of Funding

- I will notify Oregon College of Oriental Medicine (OCOM) in writing of any additional sources of funding that I will receive while in attendance. I understand that the receipt of outside sources of funding could affect my eligibility for financial aid.

### Financial Aid Policy Disclosures

- I understand that I must maintain **Satisfactory Academic Progress (SAP)** as outlined in the OCOM academic catalog to be eligible for subsequent financial aid disbursements.
- I understand that I have the right to request review of unusual circumstances that could impact my eligibility for financial aid or unusual educationally related expenses that I would like included in my cost of attendance. I understand that decisions to increase the cost of attendance are made on a case-by-case basis according to federal regulations, institutional policy, and limits as outlined in the program's Student Handbook.
- I understand that attending and receiving financial aid at another college concurrently may affect my financial aid eligibility at OCOM.
- I understand that if my financial aid application is selected for verification or further review, I will submit all requested documents to OCOM within 10 business days of receiving notification. I understand that completed verification is a condition of disbursement.
- I understand that OCOM will use my financial aid funds to pay current allowable charges, including tuition, fees, and other educationally related expenses.

### Funding Authorizations

- I authorize OCOM to use my financial aid funds to pay for other miscellaneous charges such as make-up fees, library fees, late fees, bookstore charges for required books and supplies, etc.
- I authorize OCOM to use my financial aid funds to pay for allowable prior year charges not to exceed \$200.
- I understand that I may cancel or modify these authorizations at any time by doing so in writing to the Office of Financial Aid.

### I have read and understand the requirements for receiving financial aid.

Student's Name (Please print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return this form to the Office of Financial Aid with your signed financial aid award letter.*

**ocom.edu**

*The science of medicine, the art of healing®*