

Date:	Student ID Number:		Campus:
First Name:	MI:	Last Name	:
Address Line 1:		Address Lii	ne 2:
City:		State:	Zip:
Tel 1:	Tel 2:	Email:	
PART II: TO BE COMPLET	ΓΕD BY A UNIVERSITY RI	EPRESENTATIV	■
Check #:		Date:	
Amount:		Term:	
Certifying Official:		Title:	
PART III: STUDENT CERT	IFICATION		
	for tuition, fees, room, boa	ard, and/or other	_ as an advance on anticipated future reducational expenses. When those
enrolled as of the date ind receiving this advance, the University the difference I	icated on this form. I und e amount of disbursement petween the amount indic event, the University will p	erstand that if I ts due to me ma cated on this for present me with a	mber of credits for which I am currently drop or withdraw from any courses after y decline, in which case I will owe the m, and the amount of the disbursements a bill indicating the amount I owe, and I
account to an outside colle my remaining balance as w	ection agency or law firm. vell as the fees of any colle of 33% of the debt, and al	Should this occu ection agency or I costs and expen	that Long Island University may refer my or, I will be responsible for the payment of law firm, which may be based on a nses, including reasonable attorneys' fees
Signature:			Date: