



DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

2019-2020 REQUEST TO TRANSFER FUNDS

Scanning
 Doc Category: Grants
 Doc Type: Correspondence
 Award Year: 2019

Return, mail or fax this completed form to the Financial Aid Office:

FAX NUMBERS:
 Brookhaven 972-860-4375 Cedar Valley 972-860-5230 Eastfield 972-698-3094
 El Centro 214-860-2637 Mountain View 972-682-7038 North Lake 972-273-3240 Richland 972-238-3761

 Last name First M.I.

 Address

 City State ZIP Code

 Student ID #

 Email

 Primary Contact #

Check one or more that applies

Transfer funds from semester to semester within the **same** award year. Credit balance must have already
 Amount: \$ _____
 Transfer From: _____ (semester and year)
 Transfer To: _____ (semester and year)

Transfer funds from semester to semester within **different** award years. Credit balance must have already
 posted into the student's account. Processing time is 5-7 days.
 Amount: \$ _____ (*maximum allowable is \$200; student must pay the difference*)
 Transfer From: _____ (semester and year)
 Transfer To: _____ (semester and year)

Transfer funds to pay for an NSF (returned check) balance. Credit balance must have already posted into
 Amount: \$ _____ (*maximum allowable is \$200 if balance is from previous award year; student must pay the difference*)
 Transfer From: _____ (semester and year)

Signature

Date

| FA Office Use Only | Business Office Use Only |
|--|------------------------------------|
| Approved _____ Denied _____ Date _____ | Cashier _____ Cash Receipt # _____ |
| Comments _____ | Comments _____ |
| FA Authorized Signature: _____ | Date Transferred: _____ |