## DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
### 2015-2016 REQUEST TO TRANSFER FUNDS

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.               Student ID #

______________________________
Address                Email

______________________________       _________________________________
City       State    ZIP Code       Primary Contact #

Check one or more that applies:

- ☐ Transfer funds from semester to semester within the *same* award year. Credit balance must have already posted into the student’s account. Processing time is 5-7 days.
  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 the student’s account. Processing time is 7-10 days.
  Amount: $__________ *(maximum allowable is $200 if balance is from previous award year; student must pay the difference)*
  Transfer From: ________________ (semester and year)

__________________________
Signature                                                                                                      Date

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**FA Office Use Only**

Approved _______        Denied _______        Date_________
Comments _____________________________________________

FA Authorized Signature:______________________________

**Business Office Use Only**

Cashier _______        Cash Receipt # _____________
Comments
Date Transferred:_________________

Return to Financial Aid