

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

2024-2025 DEFAULT OR OVERPAYMENT FORM

| Stud | ent Name: | | | GSU ID # | | Last 4 digits of SS#: |
|--------------------------|--|--|--|---------------------------------------|---|--|
| | | Last | First | | | |
| Perm | nanent Home Add | ress. | | | | |
| | | City | | | State | Zip Code |
| Stud | ent's Date of Birth | ı: | Home Pho | ne #: | | Cell #: |
| Emai | il Address: | | | | | |
| over prog any l | payment of federa rams to which yo | al student aid fun u were not entitl ave received fron | ds. You are required ed. If your loan defau n the U.S. Departmen | l by law to repay ılt or overpayme | any funds nt(s) has b | al student loan and/or received an received from the federal student aid been resolved, please provide our office with resolution. |
| | • | | along with a copy of | the following req | uested do | cumentation. |
| Pleas | se check which do | cumentation you | ı are submitting; | | | |
| | Copy of proof from your loan agency showing that you have paid the loan in full. | | | | | |
| | • | | | | | |
| | or Copy of the letter from the U.S. Department of Education that the overpayment has been resolved. | | | | | |
| I cert | • | ation reported o | n this document is t denial, reduction, wi | | | e. I understand that any false statements nt of financial aid. |
| Student's Signature Date | | | | misle | IING: If you purposely givefalse or ading information on this worksheet, you be fined, be sentenced to jail, or both. | |

CRI CODE: FAC24DEF