



**EXCESS CALCULATION REQUEST  
 MASTER COHORT PROGRAMS**

**TO BE COMPLETED BY STUDENT:**

STUDENT NAME	
SOCIAL SECURITY #	

Upon receipt of assigned request from the student, a mid-point hand calculation will be done subject to the following:

1. **All** disbursement 1 financial aid funds must be received and posted to the students account. **No exceptions.**
2. If **all** disbursement 1 financial aid funds have not been received on the date student signs & submits this form, the form will be held until all funds are received.
3. If **all** disbursement 1 funds have been received, please allow a 72-hour turnaround time for the Financial Aid Office to review and process your request. After that time, you may contact the Student Accounts Office (217-525-1420 ext. 236) to determine if an excess is available and the date the check will be available.
4. The amount of the mid-term excess check can not exceed \$4,000.
5. Any private loans will first go to pay the outstanding balance owed the school before any excess funds will be issued to the student.
6. If no excess will be available, a copy of this calculation form will be mailed to student.
7. No book vouchers will be issued for the remainder of the student's financial aid award period unless the student requests that an amount be withheld from the hand calculation for future book charges. Note: The financial aid award period is different for every student and does not always match the FAFSA year or the students billed charges.

**By signing below, I acknowledge that I have read the above statements and that if I receive a check will be responsible for the charges for the remainder of the financial aid award year classes that are not covered by financial aid. I also understand that the financial aid estimate I received from Springfield College - Benedictine University was and is an estimate only, is based on my continued enrollment in the cohort and that remaining aid for the financial aid award year of classes may change, resulting in charges not being covered by future estimated financial aid. It is my obligation to pay Springfield College - Benedictine University any charges on my account not covered by financial aid.**

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

\_\_\_\_\_  
 Date