

Payment Plan Reduction Request

_____	_____	_____
Last Name	First Name	Date
_____	_____	_____
Street Address	City	State/Zip
_____	_____	_____
Student ID Number or Soc. Sec. Number	E-mail Address	Semester/Year

I am requesting a reduction or cancellation of my payment plan due to the following reason:

- Dropped course(s) or changed enrollment resulting in a decrease in my tuition/fee charges
- Received confirmation of grant or scholarship from Oakton's Office of Student Financial Assistance
- Other: _____

Submit this form to the Cashier (Room 1246, Des Plaines) or Office of Student Financial Assistance (Room 1250, Des Plaines or Room A100, Skokie) by semester mid-term.

Allow five business days from when Oakton receives this request for processing.

FACTS will send a confirmation to your email address once a change has been approved. If a reduction is not possible the College will notify you at your address on file with the Office of Registration and Records.

FOR OFFICE USE ONLY

Office of Student Financial Assistance:

_____	<input type="checkbox"/> Yes, financial assistance will pay remaining balance due. Please cancel remaining payment plan.
Financial Aid Advisor	
_____	<input type="checkbox"/> Yes, financial assistance will pay a portion of balance due. Student will owe \$ _____. Please reduce remaining payments, but do not cancel payment plan.
Date	
_____	<input type="checkbox"/> No, financial assistance not confirmed. Do not change payment plan.
Balance due based on current enrollment	

Cashier's Office:

_____	<input type="checkbox"/> Payment Plan Cancelled with FACTS. Date _____
Cashier	
_____	<input type="checkbox"/> Payment Plan amounts reduced with FACTS to \$ _____. Date _____
Date	
<input type="checkbox"/> Form returned to FA for scanning.	<input type="checkbox"/> Student notified that plan could not be adjusted. Date _____