

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

2023-2024 DEFAULT OR OVERPAYMENT FORM

Student Name:			_ GSU ID #	La	st 4 digits of SS#:_		
_	Last	First			_		
Permanent Home A							
	City		S	tate	Zip Code		
Student's Date of B	irth:	Home Pho	one #:		_Cell #:		
Email Address:		@student.govst.	edu				
overpayment of fed programs to which	deral student aid fu you were not entit y have received fro	cords indicate that ynds. You are required led. If your loan defam the U.S. Departme	ed by law to repay a ault or overpaymen	ny funds receiv t(s) has been re	ed from the federa solved, please pro	ıl student aid	
Return this origina	l form to our office	along with a copy o	f the following requ	ested document	tation.		
Please check which	documentation yo	u are submitting;					
□ Copy of proof f	Copy of proof from your loan agency showing that you have paid the loan in full.						
☐ Copy of Satisfa payments.							
□ Copy of the let	ter from the U.S. De	or partment of Educat	ion that the overpay	ment has been	resolved.		
2	ormation reported	on this document is denial, reduction, v			•	alse statements	
Student's Signature	2	Date		misleading in	you purposely give to formation on this we	orksheet, you	

CRI CODE: FAC23DEF