

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

2025-2026 DEFAULT OR OVERPAYMENT FORM

Student Name:				GSU ID #		Last 4 digits of SS#·	
		Last	First				
Pern	nanent Home Add	lress:					
		City			State	Zip Code	
Stud	ent's Date of Birt	n:	Home Pho	ne #:		Cell #:	
Ema	Email Address:@student.govst.edu						
over prog any	payment of feder grams to which yo	al student aid fun u were not entitl ave received fron	nds. You are require ed. If your loan defa n the U.S. Departmen	d by law to repay ult or overpayme	any fund ent(s) has	ral student loan and/or received an s received from the federal student aid been resolved, please provide our office with resolution.	
Retu	ırn this original fo	rm to our office a	along with a copy of	the following red	juested do	ocumentation.	
Plea	se check which do	ocumentation you	are submitting;				
	Copy of proof from your loan agency showing that you have paid the loan in full.						
	Copy of Satisfactory Repayment Arrangement from the loan agency, with proof of six consecutive, full, voluntary on-time payments.						
	or Copy of the letter from the U.S. Department of Education that the overpayment has been resolved.						
I cer		nation reported o	n this document is t denial, reduction, w			e. I understand that any false statements ent of financial aid.	
Student's Signature Date				misl	NING: If you purposely give false or eading information on this worksheet, you be fined, be sentenced to jail, or both.		

CRI CODE: FAC25DEF