



AB-19 Second Disbursement Form

OFFICE USE ONLY

◆ **DISCLAIMER:** *Second disbursement is only distributed if the student is actively enrolled in **more than 12 units** for the semester.*

Disbursement Decision

📌 Student Name: _____

📌 Student ID: _____

📌 Date of Request: _____

📌 Student Aid Index (SAI): \$ _____

Student Approved

Awarded Amounts:

- Fall 20__ : \$ _____
- Spring 20__ : \$ _____
- Summer 20__ : \$ _____

💬 Approval Comments:



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Student Denied

☰ Denial Comments:

Signatures & Approval

Dr. Joseph Koroma (Financial Aid Officer)

Signature: _____

 Date: _____

Dr. Freddie Ika (AB-19 Counselor)

Signature: _____

 Date: _____