MADONNA UNIVERSITY

MICHIGAN EDUCATION TRUST DISBURSEMENT REQUEST

**Your selection will be applied for each semester of the 2025-26 academic year. If you wish to make a change to a specific semester simply re-submit this form to Student Accounts.**

**Name: ID#:**

**Address:**

**MET Beginning Balance:**

**Please Choose One of the Following Billing Choices:**

**\_\_\_\_ Bill MET *entire remaining balance* after all grants, scholarships, loans or**

**other Third Party source is applied. Less course fees MET does not cover.**

**\_\_\_\_ Bill MET $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have additional grants, scholarships, loans or**

**other third party source, and I will PAY balance.**

**\_\_\_\_ Bill MET $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I want my loans *refunded* to me.**

**\_\_\_\_ Bill MET $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I will pay the remaining balance each**

**semester.**

**Return form no later than three weeks before the start of the semester. If you have any questions, please contact Holly Oswalt-Case at 734-432-5432 or email** [hcase@madonna.edu](mailto:hcase@madonna.edu).

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send to:**

**Madonna University**

**Attn: Student Accounts/Billing Specialist**

**36600 Schoolcraft Rd.**

**Livonia, MI 48150**