

**STATE UNIVERSITY OF NEW YORK**  
**Overseas Academic Programs**

**FINANCIAL AID ARRANGEMENTS FORM FOR STUDY ABROAD**

**PART A: To be filled out by student ONLY IF financial aid from the student's home campus will be used for program costs payable to \_\_\_\_\_ (name of campus).**

I, \_\_\_\_\_, agree to pay the Program Charges, Tuition, Tuition Differential, and any other charges that were specified on the program budget or Estimate of Costs that I received with my offer of admission for the study abroad program in \_\_\_\_\_ administered by *(NAME OF SUNY)* for the \_\_\_\_\_ (city/country)

(circle one) Academic Year / Fall / Spring / Summer / Winter of (year) 20 \_\_\_\_\_. I understand that I must arrange with the Office of Financial Aid of my home campus for the release of funds directly to the *(NAME OF SUNY)* or make payment myself once my aid has been disbursed, and will discuss which option I will use with my financial aid adviser. I will provide my campus' Office of Financial Aid with my *(NAME OF SUNY)* ID number as soon as possible if I am making arrangements for my aid to be forwarded directly.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Home Campus \_\_\_\_\_ Name of Program Abroad \_\_\_\_\_

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**PART B: To be filled out by the Financial Aid Office at home campus**

Student Name: \_\_\_\_\_ Home Campus ID: \_\_\_\_\_

	\$ Amount	Anticipated Disbursement Date
TAP	_____	_____
PELL	_____	_____
PERKINS LOAN	_____	_____
FED. DIRECT SUBSIDIZED LOAN	_____	_____
FED. DIRECT UNSUBSIDIZED LOAN	_____	_____
FED. DIRECT PARENT LOAN	_____	_____
OTHER AID _____	_____	_____
OTHER AID _____	_____	_____
<b>TOTAL AID</b>	_____	_____
<b>LESS TUITION and/or FEES AT HOME CAMPUS</b>	_____	_____
<b>BALANCE AVAILABLE</b>	_____	_____

*Please check A or B below:*

\_\_\_\_\_ **A.** This student has made arrangements with the Student Accounts or Financial Aid Office to have his/her available aid in the amount of \$ \_\_\_\_\_ sent to the Office of Student Accounts at *(NAME OF SUNY)*.

\_\_\_\_\_ **B.** This student has NOT made arrangements with the Student Accounts or Financial Aid Office to have his/her available aid sent to the Office of Student Accounts at *(NAME OF SUNY)*, and instead the student will pay *(NAME OF SUNY)* him/herself.

Campus Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Campus: \_\_\_\_\_

STUDENTS SHOULD KEEP A COPY OF THIS FORM FOR THEIR OWN RECORDS.