

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.

I, _____, agree to pay the Program Charges and Fees, Health Insurance, 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 _____ (city/country) administered by SUNY Geneseo for the (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 Student Accounts Office at SUNY Geneseo or make payment myself once my aid has been disbursed, and will discuss which option I will use with my financial aid adviser.

Signature of Student Date

Home Campus Name of Program Abroad

Program Cost (Grand total): _____ Cost Sheet Year: _____

* Use the most updated cost sheet available: https://www.geneseo.edu/study_abroad/cost-sheets. Please be aware that cost sheets are estimates. All costs provided on the cost sheet are subject to change without notice due to factors beyond the control of SUNY Geneseo, including changes in exchange rates and international airfares.

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

Student Name: _____ G#/Home Campus ID: _____

	\$ Amount	Anticipated Disbursement Date
TAP & SUNY TUITION CREDIT	_____	_____
PELL	_____	_____
EXCELSIOR	_____	_____
FED. DIRECT SUBSIDIZED LOAN	_____	_____
FED. DIRECT UNSUBSIDIZED LOAN	_____	_____
FED. DIRECT PARENT LOAN	_____	_____
OTHER AID _____	_____	_____
OTHER AID _____	_____	_____

TOTAL AID _____

LESS TUITION and/or FEES AT HOME CAMPUS _____

BALANCE AVAILABLE for refund for unbilled study abroad expenses _____

Please check if relevant:

_____ **The student does not have financial aid currently designated for the study abroad term**

Please initial:

_____ **This student has been made aware of their financial aid options for study abroad.**

Campus Representative's Signature _____ Date _____

Title: _____ Campus: _____

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