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:_________________________

TAP & SUNY TUITION CREDIT _________________________________  $ Amount __________________ Anticipated Disbursement Date _________________________________
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

___________ 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.

Financial Arrangements Form – Revised 5/23/22