

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 SUNY Geneseo Study Abroad.

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 Study Abroad 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

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

Student Name: _____ Home Campus ID: _____

	\$ Amount	Anticipated Disbursement Date
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TAP

PELL

PERKINS LOAN

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

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 Study Abroad Office at SUNY Geneseo.

B. This student has NOT made arrangements with the Student Accounts or Financial Aid Office to have his/her available aid sent to the Study Abroad Office at SUNY Geneseo, and instead the student will pay SUNY Geneseo Study Abroad him/herself.

Campus Representative's Signature _____ Date _____

Title: _____ Campus: _____

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

