

**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 Potsdam.

I, _____, agree to pay the Program Charges, Tuition, Tuition Differential, and any
[PRINT FULL NAME]
 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 SUNY Potsdam for the
[CITY, COUNTRY]

[CIRCLE ONE] Academic Year / Fall / Spring / Summer / Winter of 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 SUNY Potsdam 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 SUNY Potsdam 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

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 _____	_____	_____
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 Office of Student Accounts at SUNY Potsdam.

_____ **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 SUNY Potsdam, and instead the student will pay SUNY Potsdam him/herself.

Campus Representative's Signature _____ Date _____

Title: _____ Campus: _____

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