

**Office of International Education and Programs
STATE UNIVERSITY OF NEW YORK AT OSWEGO**

FINANCIAL ARRANGEMENTS FORM

Student's Name (please print) _____

Student's Permanent Address _____

Local Address _____

Social Security Number _____

Home Campus _____

Overseas Program Location _____

I WILL NOT BE RECEIVING FINANCIAL AID AND AGREE TO PAY THE AMOUNT BILLED BY THE DUE DATE INDICATED ON THE INVOICE.

OR

I EXPECT TO RECEIVE FINANCIAL AID AS INDICATED ON THE BACK OF THIS FORM TO PAY FOR MY OVERSEAS STUDY.

By signing below, I acknowledge that I am ultimately responsible for all payments, including any unrecoverable money deposits paid by the OIEP on my behalf to a travel agent for the purchase of airline tickets, or to an overseas academic program provided for housing, tuition, etc., should I withdraw after these funds have been paid, except for documented ill health or illness.

I also acknowledge that it is my responsibility to insure that my financial aid (if applicable) is forwarded to the OIEP at Oswego; OR if I do not receive financial aid, I acknowledge that it is my responsibility to make payment to the OIEP directly. Any failure to confirm payment may result in my removal from the program.

(Student's Signature)

(Date)

The Student Accounts office at your home institution MUST complete the BACK OF THIS FORM if you are using financial aid to pay for your overseas study.

*****ORIGINAL FORM MUST BE RETURNED TO THE ADDRESS BELOW*****
BY June 20th for Fall semester (May 5th for Australia and New Zealand programs);
December 1st for Spring semester programs; and April 20th for summer programs.

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE STUDENTS' ACCOUNTS' OFFICE AT YOUR HOME UNIVERSITY IF YOU ARE USING FINANCIAL AID TO PAY FOR YOUR PROGRAM COSTS.

Student's Name _____

The student named above will be receiving the following CONFIRMED Financial Aid for the academic year 20____ - 20_____.

Federal Pell Grant	_____	Stafford (Unsub)	_____
TAP	_____	Grants	_____
Stafford Loan (Sub)	_____	PLUS Loan	_____
Scholarships	_____	Other Aid	_____
		Other Loans	_____

Overall Total Award _____

Less Tuition & Fees _____

(This blank must be completed if the home university is retaining any amount of the student's aid for tuition and/fees)

BALANCE REMAINING FROM AID _____

THE HOME INSTITUTION MUST CHECK ONE OF THE FOLLOWING BOXES AND COMPLETE THE CONTACT INFORMATION BELOW

The student has asked that the home campus Student Accounts Office make a check payable to **SUCO AUXILARY SERVICES** and mail to the Office of International Education at Oswego **in the amount of:**

\$ _____ for the _____ 20_____ semester
(must be filled in)

The home campus will send the check directly to the student. It becomes the student's responsibility to pay Oswego directly.

(Signature - Student Accounts' Office Representative)

(Print Name)

Date _____

Name of University _____

Telephone _____

E-mail _____

Fax _____