



Part A: To be filled out by the student ONLY IF financial aid from the Purchase College will be used for program costs payable to _____ (host campus)

Student Name: _____

Student Purchase ID: _____

Semester & Academic Year: _____

Host Campus: _____

Overseas Program City & Country: _____

By signing below, I acknowledge that I am ultimately responsible for all payments, including any unrecoverable money, deposits made for airline tickets, or to an overseas academic program provider for housing, tuition, etc., should I withdraw after these funds have been paid.

I also acknowledge that it is my responsibility to make the necessary arrangements with Student Financial Services at Purchase College in order for my financial aid to be forwarded to _____ (host campus).

Student Signature: _____ Date: _____

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Part B: To be filled out by the Financial Aid Office at Purchase College

	\$ Amount	Estimated Disb. Date
TAP	_____	_____
PELL	_____	_____
FED. DIRECT SUBSIDIZED LOAN	_____	_____
FED. DIRECT UNSUBSIDIZED LOAN	_____	_____
FED. DIRECT PARENT LOAN	_____	_____
OTHER AID _____	_____	_____
OTHER AID _____	_____	_____
TOTAL AID	_____	
LESS TUITION and/or FEES AT Purchase College	_____	
BALANCE AVAILABLE	_____	

Please check ONE below:

☐

This student has made arrangements with the Student Financial Services Office at Purchase College to have their available aid in the amount of \$_____ sent to _____ (host campus)

☐

This student has not made arrangements with Student Financial Services and instead the student will pay _____ (host campus) directly.

SFS Representative Signature: _____ Date: _____

Print Name: _____ Print Title: _____

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Email: financialservices@purchase.edu

Phone: 914-251-7000 ext. 2

Fax: 914-251-6356

Fax: 914-251-6099

Purchase College, SUNY
Student Financial Services
735 Anderson Hill Road
Purchase, NY 10577

