Non-Consortium/Cost of Attendance

Securely upload documents by logging into your MyHeliotrope account at https://apps.purchase.edu/SecureDocumentUpload/SDU/101/

STUDENT COMPLETES (then submit to Office of Student Financial Services)

NAME	Purchase ID
HOST INSTITUTION (School you will study at)	
DATES OF ENROLLMENT	ACADEMIC YEAR
FULL-TIME HALF-TIME LESS THAN HALF-TIME	ANTICIPATED # OF CREDITS

HOST SCHOOL COST OF ATTENDANCE

TUITION	<u>\$</u>	
FEES	\$	
ROOM & BOARD	\$	
BOOKS & SUPPLIES	\$	
PERSONAL EXPENSES	\$	
TRANSPORTATION	\$	
TOTAL COST OF ATTENDANC	E \$	

HOST SCHOOL (Authorized Personnel)

As the host school of the above-mentioned student, I hereby state that our college/organization will not process any financial aid on the above-mentioned student's behalf.

NAME	
SIGNATURE	
TITLE	
DATE	
PHONE	
FAX	
EMAIL	