

ONLY complete this form if: you will use financial aid from Purchase College towards program costs payable to the host institution you are taking courses at.

NAME

Purchase ID

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

HOST INSTITUTION _____ <small>(School you will study at)</small>	
OVERSEAS/OFF-CAMPUS PROGRAM CITY & COUNTY _____	
SEMESTER _____	ACADEMIC YEAR _____

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 institution).

Student Signature: _____ **Date:** _____

Purchase College will complete:

	Dollar Amount	Estimated Disb. Date
TAP	_____	_____
Pell	_____	_____
Federal Direct Subsidized Loan	_____	_____
Federal Direct Unsubsidized Loan	_____	_____
Federal Direct Parent PLUS Loan	_____	_____
	_____	_____
	_____	_____
TOTAL FINANCIAL AID	_____	_____
<i>Minus Purchase College Tuition & Fees</i>	_____	_____
Aid available for HOST Institution	_____	_____



Purchase College

STATE UNIVERSITY OF NEW YORK
Student Financial Services
735 Anderson Hill Road
Purchase NY, 10577

Financial Aid Arrangements Form

Overseas Study / Off- Campus

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

THE STUDENT HAS:

Made arrangements with our Student Financial Services Office at Purchase College to have their available aid in the amount of \$ _____ sent to _____ (host institution)

Not made arrangements with our Student Financial Services Office at Purchase College and instead the student will pay _____ (host institution) directly.

PURCHASE COLLEGE: Authorized Student Financial Services Staff

NAME	_____
SIGNATURE	_____
TITLE	_____
DATE	_____
PHONE	(914)-251-7000 Ext. 2 _____
FAX	(914)-251-6356 (914)-251-6099 _____
EMAIL	financialservices@purchase.edu _____