



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

Financial Aid Arrangements Form

Non-degree at Purchase College

Email: financialservices@purchase.edu

Phone: 914-251-7000 ext. 2

Fax: 914-251-6356 or 914-251-6099

ONLY complete this form if: you will use financial aid from your home school (where you are earning your degree from) will be used for costs payable to Purchase College, SUNY (Host institution)

NAME

Purchase ID

STUDENT COMPLETES (then submit to your Home School's Financial Aid Office to be filled out)

HOME SCHOOL _____
School you study at

SCHOOL ADDRESS _____

Semester/ Year _____
Attending Purchase College

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.

Student Signature: _____ **Date:** _____

Your Home School's Financial Aid office must complete. *The School you will earn your degree from.*

	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 Tuition & Fees at Home School</i>	_____	
Aid available for Purchase College	_____	



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THE STUDENT HAS:

Made arrangements with the Financial Aid Office at _____ (Home School) to have their available aid in the amount of \$ _____ sent to Purchase College (Host School)

Not made arrangements with the Financial Aid Office at _____ (Home School) and instead will pay Purchase College (Host School) directly.

HOME SCHOOL Authorized Financial Aid Staff

NAME	_____
SIGNATURE	_____
TITLE	_____
DATE	_____
PHONE	_____
FAX	_____
EMAIL	_____