

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

Financial Aid Arrangements Form

Off Campus Study / Abroad

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WDENT COMPLETES (then submit to Office of Student Financial Services) HOST INSTITUTION (School you will study at) OVERSEAS PROGRAM CITY & COUNTY SEMESTER ACADEMIC V y signing below, I acknowledge that I am ultimately responsible for all payments, inceposits made for airline tickets, or to an overseas academic program provider for horithdraw after these funds have been paid. also acknowledge that it is my responsibility to make the necessary arrangements wurchase College in order for my financial aid to be forwarded to tudent Signature: Dollar Amount TAP Pell Federal Direct Subsidized Loan Federal Direct Unsubsidized Loan Federal Direct Parent PLUS Loan OTAL FINANCIAL AID Minus Purchase College Tuition & Fees			
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THE STUDENT HAS:

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	EASE BE SURE TO PROVIDE A COPY OF YOUR HOST SCHOOL'S INV	/OICE***
NAME		
SIGNATURE		
TITLE		
DATE		
PHONE	(914)-251-6080	
FAX	(914)-251-6356 (914)-251-6099	
EMAIL	financialservices@purchase.edu	