Financial Aid Transfer Information for Visiting Syracuse University Students

Home Institution Financial Aid Adviser - Please Complete, Sign and Return this Form

Student's Name: ___________________________________________  last  first  middle initial

Student's SU ID#: ___________________________________________

The following Financial Aid will be transferred from directly to Syracuse University.

<table>
<thead>
<tr>
<th>Type of Aid</th>
<th>Amount</th>
<th>Anticipated Transfer Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please do not list aid that will be disbursed to the student or parent

Study abroad fee/other fees that reduce the amount of aid sent to SU

Total Funds To Be Transferred to SU

Financial Aid Official's Signature: ____________________________

Name: ___________________________________________

Title: ___________________________________________

Phone: ____________________________

Fax: ____________________________

Bursar's Signature: ____________________________

Name: ___________________________________________

Title: ___________________________________________

Phone: ____________________________

Fax: ____________________________

If you require a copy of the student's billing statement to transfer funds, please indicate in the space below where the copy should be sent.

Name: ___________________________________________

Institution: ___________________________________

Address: ______________________________________

All Financial Aid should be transferred to:

Syracuse University, Bursar's Office
102 Archbold Gym
Syracuse NY 13244-1140

Please Return this form as soon as possible (June 1 for Fall Semester or November 1 for Spring Semester):

Syracuse University Abroad
106 Walnut Place
Syracuse NY 13244-4170

Attention: Anne Mong

OR

315.443.2971 FAX