

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. home institution

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

Type of Aid	Amount	Anticipated Transfer Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____ Bursar's Signature: _____

Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Fax: _____	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: _____
 Address: _____

All Financial Aid should be transferred to:

Syracuse University, Bursar's Office
 119 Bowne Hall
 Syracuse NY 13244-1200

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

OR

ammong@syr.edu
 315.443.2971 FAX