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 processed at
Home institution

Anticipated Transfer Date

_______________________________________ Total amount of financial aid
_______________________________________

Study Abroad/other fees that reduce the amount of aid available

less ( ____________________________ )

Total funds available

* Funds will be released to

☐ Syracuse University ☐ Student/family

* Syracuse will defer only for aid that is transferred directly to the University. Funded students waiting for aid may be offered an alternate payment arrangement at the Syracuse University Bursar’s discretion

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
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
suabusinessoffice@syr.edu
OR
315.443.2971 FAX