

SyracuseAbroad

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:

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

suabusinessoffice@syr.edu
315.443.2971 FAX