

SYRACUSE ABROAD

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: Please Return this form as soon as possible (June 1 for Fall Semester or November 1 for Spring Semester):
Syracuse University, Bursar's Office Syracuse University Abroad suabusinessoffice@syr.edu
119 Bowne Hall 106 Walnut Place OR
Syracuse NY 13244-1200 Syracuse NY 13244-4170 315.443.2971 FAX