

**FINANCIAL AGREEMENT FORM FOR STUDY ABROAD OVERSEAS ACADEMIC PROGRAMS**\_\_\_\_\_  
**Student Name (print)**\_\_\_\_\_  
**RAM ID #**\_\_\_\_\_  
**Date****Financial Agreement**

I agree to pay all costs associated with the Overseas Academic Program \_\_\_\_\_, in which I am participating during the \_\_\_\_\_ semester. I understand that these costs are non-refundable based on program specific criteria and non-transferable and that payment must be made irrespective of whether or not I actually attend the program. I understand that failure to satisfy my bill by the payment due date; will result in late fees, penalties and holds for future services being placed on my account. Furthermore, I understand my account will be turned over to the NYS Attorney General's office for collection if payment in full is not received.

Please note, program deposits must be paid by the deposit due date whether Financial Aid has been disbursed or not. \_\_\_\_\_

**PROGRAM ESTIMATED TOTAL COST:** \$ \_\_\_\_\_. Please attach a breakdown of the costs of the program.

**Financial Arrangement Certification****PART A: Completed by the Student**☐ **I will be paying all program costs out of pocket.**☐ **I will be paying all or a portion of the program costs using Financial Aid. I understand that:**

- **If my Financial Aid does not cover the full costs of the program, I am responsible to pay the remaining amount by the payment due date.**
- **If my Financial Aid is for a prior Financial Aid Year, the funds will need to be disbursed to my account and refunded to me. I am responsible to pay the amount due to the school.**
- **All Financial Aid must be disbursed and outstanding charges must be satisfied before a refund can be generated.**
- **If I am using pending Financial Aid and not paying the full amount due by the due date, this form will be sent to the host institution.**

In the event this financial arrangement is rescinded for whatever reason I understand that I will remain personally responsible for payment of all expenses.

\_\_\_\_\_  
**Student Signature**\_\_\_\_\_  
**Date**

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**PART B: Completed by the Farmingdale State College Financial Aid Office**

**Outlined below is the expected Financial Aid in the total amount of \$ \_\_\_\_\_ to be disbursed to the student's account at Farmingdale State College:**

<b>Aid Type</b>	<b>Amount</b>	<b>Anticipated Disbursement Date</b>	<b>Notes</b>
FED. DIRECT SUBSIDIZED LOAN	_____	_____	_____
FED. DIRECT UNSUBSIDIZED LOAN	_____	_____	_____
PERKINS LOAN	_____	_____	_____
ALTERNATIVE LOAN	_____	_____	_____
PELL	_____	_____	_____
OTHER AID _____	_____	_____	_____
<b>TOTAL</b>	_____		

\_\_\_\_\_  
**Financial Aid Officer Title**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL EDUCATION AND KEEP A COPY FOR YOUR RECORDS.