

Financial Aid Deferment Form

Student Name: _____

Student ID: _____

Program: _____

*This form is designed to provide SSA Education Abroad with the necessary information to defer a portion of the student's program cost until his/her financial aid is processed and disbursed.

AID AWARD

1. Total amount of aid awarded for the enrolled program:

*If the aid awarded is for two or more semesters, list the aid awarded for each semester separately.

2. Is a Parent-Plus Loan included in the aid amount listed above: ___ YES ___ NO

*If YES, Indicate the amount of the Parent-Plus Loan _____

3. Anticipated disbursement date of aid: _____

4. Aid award will be disbursed to: _____ Student

*Check all that apply _____ SSA Education Abroad

_____ Other: _____

5. When the situation arises where the aid received and paid Spanish Studies Abroad is greater than the remaining program costs, the excess funds should be returned to:

___ Student

___ Home Institution

___ Other: _____

The information provided above is accurate to the best of my knowledge. I will notify SSA Education Abroad of any change before the start of the program.

----- Name of Institution	----- Signature of Authorized School Official
----- Street Address	Print Name: -----
----- City ----- State ----- Zip Code	Title: -----

Phone #: (-----) ----- , Ext. # -----	
Date: -----	