



Form A: Proposed Financial Aid Deferral Plan

Section I to be completed by student

I, _____ (Student's name) _____ (Email), request a deferred payment schedule since my financial aid award is disbursed after the CIEE payment deadline. I personally guarantee payment to CIEE for the program fee due for my participation in the following program administered by CIEE regardless of whether I receive the financial aid listed below.

Program City & Program Name (if additional) _____

(Check all terms that apply) Summer____ Fall____ Spring____ (Fill in Year) 20____

(1) Please have your financial aid officer complete the schedule below; indicating the type of aid you have been awarded, the amount of each award, and the date each is to be disbursed. (2) Complete the Payment Contact information and **sign the form**. (3) **Make a copy for your records**. Payment deferrals can not be approved if any items on this form are left blank.

Payment Contact (Required)

Person in the U.S. who can be contacted about payment issues while you are away (PLEASE PRINT). Please note that bills are automatically generated to be sent to the person indicated as the first Emergency Contact on the participant's program application (in both the name of that person and the participant).

Contact Name

Relationship to Student

Email Address (If no email, please use postal address, but email is preferred)

Daytime Telephone

I understand that once a completed deferral form has been received by CIEE, the updated payment information/timeline will be noted on the My CIEE Checklist. I agree to follow the timeline as outlined below, and if I have any questions or concerns about my account, I will immediately email the CIEE Billing Coordinator to request additional clarification or information.

If any changes to my financial aid award amounts or aid disbursement schedule occur, I am responsible for sending the revised information to CIEE if I need to request a change in my deferral plan. I understand that I am ultimately responsible for ensuring that my CIEE program fees are paid in full.

CIEE does not bill universities solely to facilitate financial aid processing—it is the student's responsibility to forward a copy of his/her bill to the home school if this is required in order for the aid to be released. **Students are responsible for forwarding payment to CIEE for any remaining balance due between the total amount of anticipated aid (after home school fees are deducted) and the total fees billed to the student. Participant payments for balances above what is covered by financial aid must be received at CIEE no later than the original due date as noted on the bill sent to the student.** Financial Aid payments must all be received at the CIEE Portland office (whether paid directly by the school to CIEE or disbursed to the student in order for the student to make payment to CIEE), no later than:

- October 15 for fall term balances,
- January 10 for short-term January program balances
- March 15 for spring term balances, and
- July 1 for summer program balances.

I understand that if financial aid payments are not made per this timeline, I am fully liable for any outstanding program fees, including applicable late fees as explained in the CIEE Payment Policies (www.ciee.org/study/terms.aspx). Exceptions to these policies/timelines may only be granted by the CIEE Portland Manager, Billing and Registration. I also understand that I am fully liable for all outstanding program fees as determined by CIEE's Withdrawal or Deferral Refund policy, should I withdraw from the program before it begins or leave once it has begun. I authorize my Financial Aid Officer to release the disbursement information requested below to CIEE.

Date

Student's Signature

Section II to be completed by Financial Aid Administrator Financial Aid Disbursement Schedule

Please note that you may need to coordinate the total amount of funds to be disbursed from school with your bursar's or business office.

I certify that estimated financial aid/scholarships for the above named student will be disbursed according to the following anticipated schedule (please add attachments for documentation or explanation of potential change to award if needed):

Payment Schedule

Type of Aid	Amount	Date Aid Will Be Disbursed from School	This section must be completed	
			Anticipated balance of financial aid (AFTER home school and/or loan origination fees are deducted):	
			\$ _____	
			Total amount that will be sent to: Student \$ _____ CIEE \$ _____	
			Financial Aid Administrator Printed Name	Financial Aid Administrator Signature
			Email Address	Daytime Telephone Number

PLEASE RETURN FORM TO:

CIEE, ATTN: Billing Coordinator
300 Fore Street
Portland, ME 04101

or via FAX: 207-221-1456