



FINANCIAL AID DEFERRAL REQUEST FORM

Section I to be completed by student (PLEASE NEATLY PRINT all information as requested)

Student's name _____ Email _____

Program City & Program Name _____

Fill in Year 20____ Check the term that applies: Fall____ Spring____ Summer____

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 by CIEE no later than the original due date as noted on the bill sent to the student.

Financial Aid payments must all be received by CIEE (either from the school or from the student), no later than:

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

Students are responsible for reporting any changes to their financial aid award amounts or aid disbursement schedule to CIEE if the change impacts the established deferral plan. CIEE will 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.

I understand that I am ultimately responsible for ensuring that my CIEE program fees are paid in full (not my home school financial aid office). I understand that if financial aid payments are not made per the above timeline, I am fully liable for any applicable late fees as explained in the CIEE Payment Policies (www.ciee.org). Exceptions to these policies/timelines may only be granted by the CIEE Billing Coordinator. 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

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). **Please only list awards/disbursements for one semester per form with the financial aid that will be available for payment for the CIEE student bill.**

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

Please return the completed form by email to studybillingteam@ciee.org.