

# TRANSFERABLE FUNDS INFORMATION SHEET

## Study Abroad Programs To Be Completed by Home College

Student Name/ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of International Education Organization/Host University: \_\_\_\_\_

Program Cost: \_\_\_\_\_

### Study Abroad payment confirmation:

I understand that I cannot carry a prior term balance with the University of Massachusetts Dartmouth and my account must be current before any funds can be remitted to the program provider. There cannot be any holds on my account.

\_\_\_\_\_ (student initials, hand-written initials only)

I authorize UMass Dartmouth to use my eligible financial aid award to pay the program provider directly. I understand that I may owe a balance to the University of Massachusetts and to the program provider based on my eligible financial aid award. I understand that any excess funds after the provider has been paid will be sent to my permanent address on file or to the bank account I have provided when I enrolled in Direct Deposit. \_\_\_\_\_ (student initials, hand-written initials only)

### Please Note:

All students paying for all or part of their eligible study abroad expenses (including tuition and fees) with Financial Aid must have this form signed and returned to the International Programs Office (IPO) by April 30 for summer programs, May 10 for fall programs and academic year programs and November 20 for the winter/spring programs with financial aid information filled out and the remaining signatures completed as soon as it is available to the home institution. All signatures are required in order to initiate the proper payment to the program provider. \_\_\_\_\_ (student initials, hand-written initials only)

To be completed by the Financial Aid Office:

Indicate below the APPROVED and ACCEPTED Financial Aid to be transferred to support participation in the student's selected study abroad program.

Federal Direct Loan (Sub): (net amount only) \$ \_\_\_\_\_

Federal Direct Loan (Unsub): (net amount only) \$ \_\_\_\_\_

SEOG: \$ \_\_\_\_\_

Pell: \$ \_\_\_\_\_

Plus Loans: (net amount only) \$ \_\_\_\_\_

Home Institution Scholarships/Grants: \$ \_\_\_\_\_

Other Financial Aid (i.e. NSEP's, private grants, etc.): \$ \_\_\_\_\_

Study Abroad Fee (or other fees) charged by Home Institution reducing the total financial aid to be transferred: \$ \_\_\_\_\_

Any remaining balance on the student account reducing the total financial aid to be transferred:

• Amount transferred to Study Abroad Program Provider \$ \_\_\_\_\_

○ Balance due to UMass Dartmouth \$ \_\_\_\_\_

Consortium received: YES

Signatures required on the second page

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature of Student (hand-written, only)

\_\_\_\_\_  
Date

**Signatures (Home institution):**

\_\_\_\_\_  
Name of Financial Aid Representative

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature of Financial Aid Representative

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Name of Bursar Office Representative

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature of Bursar Office Representative

\_\_\_\_\_  
Email address