

**CONFIRMATION OF FINANCIAL AID AWARD
FOR NON-UF STUDENTS**

STUDENT'S NAME: _____ UFID# _____

STUDENT'S ID # AT HOME INSTITUTION: _____

UF PROGRAM NAME: _____

Program fee: _____ Term: _____

DATES OF ATTENDANCE: From: _____ To: _____ # of Credits: _____

I understand that payment of the program fee is my full responsibility. I understand that the amount to be deferred can be up to 90% of the aid listed below. The remaining program fee must be paid by the due date up to 60 days prior to departure. Upon the disbursement of the below aid, I will promptly pay the remaining balance of my program fee. Program fee **must** be paid in full 30 days after the program start date in order to remain in the program. Student will still be liable for entire fee if withdrawn from the program due to non-payment.

Student's signature Date

To be completed by financial aid advisor at Home Institution.

The below student is planning to attend a study abroad program offered by the University of Florida. This student is requesting that his/her program fee be deferred until his/her financial aid disburses. Please verify this student's **ACCEPTED AID ONLY** and the anticipated date of disbursement.

<u>Award Name (ACCEPTED ONLY)</u>	<u>Net Amount</u>	<u>Disbursement date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Above program fee will be paid by: _____ Student _____ Home Institution

I verify the above information to be accurate as of the date of below signature.

Home Institution: _____

Signature of Financial Aid Officer, Date Email

Printed Name and Title Telephone Number