

Request to Extend Due Date / Defer Payment

for UF Sponsored Study Abroad Program Fees

This form must be completed by the student.

Α.	Student	/Program	Informa	tion

Full Name:	UFID:			
Program Name:	Term:			
Total # of Credits: Current Due Date: Invoice		\$		
* If you are attending a UF Exchange program or UF	Vicenza, please include UF tuition to the	ne Invoice Amount.		
B. Estimated Financial Aid and Scholars	chine			
b. Estimated Financial Aid and Scholars	omps			
Florida Bright Futures: Pays per credit hour rega	rdless of tuition cost up to 45 credits	per academic year		
 Academic: \$212.71 per credit X # 6 Medallion: \$159.53 per credit X # 6 	of credits to be earned = = of credits to be earned =	\$(1) \$(2)		
Florida Prepaid: Contact the UF Bursar at 352-39	22-9545 and ask how much your plan	pays per credit hour		
 Plan pays \$ per credit X # of of FL PP Dormitory (Contact us @ studyabroadfis 	credits to be earned = scal@ufic.ufl.edu for amount) =	\$(3) \$ (4)		
Student Loans (Accepted Awards Only): Refer to ONE.UF account; click on Financial Aid A	ward Summary for term abroad to o	btain your aid estimate		
 Sub/Unsub Loans: Origination fee of 1.057% is subtracted from award amount entered below. PLUS Loans: Origination fee of 4.228% is subtracted from award amount entered below. 				
Type of Award (Only list accepted awards)	Award Amount	Net Amount		
	\$	\$(5)		
	\$	\$(6)		
	\$	\$(7)		
	\$	\$(8)		
C. Amount Due	TOTAL FUNDING (Lines 1-8)) \$		
C. Amount Due				
Section A. Invoice Amount				
Section B. Total Funding (Lines 1-8)	Deferred Amou	nt (\$)		
Vou are responsible for neving of	hy this data:			
You are responsible for paying \$ _	by this date:			