



## Financial Aid Deferral Form – ISEP Direct

### Section I – Financial Contract (to be completed by student, please print clearly)

I, \_\_\_\_\_, request a deferred due date for my ISEP Direct Program Fee because I will be using financial aid to pay for my program fee and my aid will not be disbursed until after the anticipated program fee due date.

Home University: \_\_\_\_\_

Host University: \_\_\_\_\_

Program Period (circle one): SU SM1 FY SM2

Academic Year: 20\_\_\_\_ - 20\_\_\_\_

I understand that once my completed deferral form has been received by ISEP, the due date for my program fee will be **10** business days from the date my aid will be disbursed (as entered by your Financial Aid Officer below). By completing this form, I agree to pay my balance in full at that time. If, for any reason, I am unable to pay my balance in full, I will contact ISEP to inform them of such. If I do not do so, I risk losing eligibility for program benefits, but may be responsible for part or all of the full cost of my program. I understand that I am fully responsible for the cost of my program and agree to these arrangements.

I also understand that this deferral is only applicable to the portion of my ISEP Direct Program fee that will be paid using financial aid. **Any portion of my program fee that is not being covered by financial aid will be paid to ISEP on or before the due date listed on my invoice.**

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Authorized Contact Person (Person in US who can be contacted about payment issues while you are abroad)

\_\_\_\_\_

\_\_\_\_\_

Contact Name

Relationship to Student

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number

Email Address (If none, please provide postal address)

### Section II - Financial Aid Disbursement Schedule (MUST be completed by Financial Aid Officer) I certify that

estimated financial aid/scholarships for the above student will be disbursed according to the following anticipated schedule (please add attachments for documentation):

Aid Award and Disbursement Information			Financial Aid Officer Contact Information	
Type of Aid	Amount	Date Aid Will Be Disbursed	<hr/> Name and Title <span style="float: right;">Signature</span> <hr/> Email <span style="float: right;">Daytime Phone</span>	

Please email completed form to [sbatchelor@isep.org](mailto:sbatchelor@isep.org)