Financial Aid Deferral Form

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 (SU, SM1, FY, SM2): _____ **Academic Year:** _____

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 as stated by ISEP.**

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 the 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	
			_____
			Name and Title Signature
			_____
			Email Daytime Phone

Please email completed form to Accounting@isep.org