



## Financial Aid Deferral Form – ISEP Direct

### Section I (to be completed by student)

I, \_\_\_\_\_, request a deferred due date for my ISEP Direct Program Fee based on the fact that I will be receiving Financial Aid from my home university and it will not be disbursed until after the due date for these fees.

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

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

Program Period (circle one):    SM1    FY    SM2    SU    20\_\_\_\_-20\_\_\_\_

### **PAYMENT CONTRACT (Required)**

I understand that once a completed deferral form has been received by ISEP, my due date for my program fee will be **10** business days from the date my aid will be disbursed (as entered below by Financial Aid Officer). I agree to pay my balance in full at this time. If, for any reason, I am not able to pay in full at this time, I will contact ISEP to inform them of such. If I do not, I risk losing eligibility for program benefits, but may still 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. **NOTE:** This form does NOT eliminate the requirement to pay the \$500 program deposit with your signed PPAF.

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

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

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

### **PAYMENT CONTACT** (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 (to be completed by Financial Aid Officer)      **Financial Aid Disbursement Schedule**

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):

Payment Schedule			This Section Must be Completed	
Type of Aid	Amount	Date Aid Will Be Disbursed from School	\$ _____	Anticipated balance of financial aid (AFTER home school fees are deducted):
			\$ _____	Total Amount Sent to Student
			\$ _____	Total Amount Sent to ISEP
				Financial Aid Officer Print Name      Email
				Financial Aid Officer Signature      Daytime Phone

Please fax to ISEP at (703) 243-8070 Attn: ISEP Accounting Assistant