



## 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 based on the fact that I will be using on 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 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 by your Financial Aid Officer below). By completing this form, 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.

I also understand that this deferral is only applicable to the portion of my ISEP Direct Program fee that will be paid for 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, please print clearly)

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 - Attention: Accounting Department