

## **Financial Aid Arrangements**

This form, completed by your financial aid officer, gives Arcadia University official verification of financial aid funds which may be applied toward your program fees. If you will not be receiving aid, or if your tuition fees will be billed to you by your home college or university, then you do not need to complete this form. If you have any questions about this requirement, please contact Jennifer Darvas, Student Accounts Manager, by telephone (866-927-2234 x2148) or e-mail at <a href="mailto:darvasj@arcadia.edu">darvasj@arcadia.edu</a>.

Your Name:				
Overseas Stu	dy Abroad Program Choice:			
Academic Ti	me Period:			
Your Home S	School:			
	PLETED BY YOUR FINANCIAI			
Financial Aid	d Officer:			
Telephone N	umber/Email address:			
Financial Aid Officer's Signature:			Date:	
Est. Amount	Type/Source of Funding	Est. Date to be Sent		<u>Funds Sent To</u>
				□Arcadia □Student_

<u>PLEASE NOTE</u>: Please visit our website for a listing of payment deadlines under the <u>Financial Information Policies</u> section. If we receive written verification of the amount and release date of your aid from each of your financial aid sources, we will give you temporary credit for that amount and expect you to pay only the remaining balance due by the scheduled payment deadline. You are, however, ultimately responsible for payment of the full program fee, including any promised aid that we do not receive.