STUDY ABROAD FINANCIAL AID PRE-SCREEN FORM

Print this form, complete it and return it to the Office of Financial Aid at the address or fax number provided above. Be sure to answer all questions.

Student Name (please print) ________________________________ VIP ID or Banner ID ________________________________

Local Mailing Address

Phone Number ________________________________ Email ________________________________

1. Please indicate the semester(s) and year(s) that you will enroll as a Study Abroad student.
   □ Fall ________  □ Spring _________  □ Summer _________

2. Check the box that applies to you. Check only one box.
   □ I will enroll in a Study Abroad program and will pay another school.
      School Name ________________________________

   □ I will enroll in a Study Abroad program and will pay a program provider.
      Program Provider Name ________________________________
      School Name and Country ________________________________

   □ I will enroll in a Study Abroad program and will pay USC Aiken

3. Please provide the following dates for your program:

   Program begin date ________________________ and program end date ________________________
   (Please include month, day, and year)

4. Terms of Disbursement
   a. Funds may not be available for you to use by the time the fees are due at the host school or program provider.
   b. If you have any outstanding USC charges, you must first pay those charges before your financial aid can be disbursed.
   c. Funds will be disbursed directly to you. Unless the host school/program provider has already been paid in full, you must use these funds to pay the host school/program provider. You must provide a copy of a paid fee receipt within 14 days of the end of your program. Failure to do so will result in you being billed by USC Aiken for the aid received.

5. I have read and agree to the terms of disbursement as stated above.

Signature ____________________________________________________ Date ________________________