

Home Institution Financial Aid Adviser - Please Complete, Sign and Return this Form

Student's Name: \_\_\_\_\_  
last first middle initial

Student's SU ID#: \_\_\_\_\_

The following Financial Aid will be transferred from \_\_\_\_\_  
home institution

directly to Syracuse University.

*Please do not list aid that will be disbursed to the student or parent!!*

Type of Aid	Amount	Anticipated Transfer Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Aid Official's Signature: \_\_\_\_\_

Bursar's Signature: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

If you require a copy of the student's billing statement to transfer funds, please indicate in the space below where the copy should be sent.

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

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**All Financial Aid should be transferred to:**

Syracuse University, Bursar's Office  
102 Archbold Gym  
Syracuse NY 13244-1140

**Please Return this form as soon as possible. June 1 for Fall Semester or November 1 for Spring Semester:**

Syracuse University Abroad  
106 Walnut Place  
Syracuse NY 13244-4170

ATTN: Amy Sturgeon

**OR** 315.443.2971 FAX