The information on this page is very important. Before submitting a deferment form for your final payment, you must read and understand all of the following.

**IP DEFERMENT FORM FOR FIRST YEAR ABROAD**

FOR FSU STUDENTS ON THE SUMMER 2019 FYA PROGRAM

By submitting this deferment form, you are **contractually obligating** yourself to pay the amount deferred.

- The attached fee deferment form is to be completed **only** by students who expect to qualify for and receive financial aid.

- It is imperative you **read and understand** the IP fee liability and refund policy. Visit [international.fsu.edu/Students.aspx](http://international.fsu.edu/Students.aspx).

- You should **not** submit a fee deferment form if failure to receive your anticipated aid would prevent you from being able to afford the program. If the actual aid you receive is less aid than what you indicated on your form, you **must pay** the balance out of pocket no later than 10 days after the start of the program.

- If you are relying on others for funding (i.e., Parent Plus loans, gifts, private loans), we **strongly encourage** you to discuss this form with them before submitting.

- You are strongly encouraged to review the "**Understanding the Financial Aid Process for Students Studying Abroad**" document. Contact IP-FinancialAid@fsu.edu with any deferment related questions.

- The deferment form is a legally binding financial document. Read it carefully. By completing the form, you will be held liable for the deferred fees in accordance with the IP fee liability and refund policy.

- In accordance with the fee liability policy, all cancellations must be submitted in writing. E-mail IP-Cancel@fsu.edu with your request to cancel.

- It is recommended that you make and keep a copy of this agreement for your records.

We appreciate your taking the time to read and understand the above information. Now that you understand the nature of the deferment form, we hope you still plan to study abroad with FSU International Programs. Feel free to contact our office with any questions you may have. Otherwise, complete and submit the attached form. Your signature must be notarized.
Print clearly.  

EMPLID ____________________  Summer Location ____________

I, ____________________________, have applied for and expect to be approved for financial aid through Florida State University. Waivers cannot be used as a method of deferment or payment.

I hereby request that the fees owed to FSU International Programs for my participation in the First Year Abroad program be deferred against my financial aid disbursement, but no later than 10 days after the start of my program. I understand the amount of my deferred fees will be deducted from any financial aid monies I am to receive through FSU’s Student Business Services before any remaining monies will be released to me. I understand it is my responsibility to monitor my financial aid file and to ensure all necessary paperwork has been completed. I understand I must complete all required online permissions to allow aid to be applied toward the deferred fees. I must make certain all four steps have been completed within myFSU portal. Furthermore, I verify these permissions have been set up within myFSU portal as specified within the directions online (studentbusiness.fsu.edu/refunds/direct-deposit). I also understand it is my responsibility to ensure the proper permissions are completed/submitted to allow a Parent Plus Loan to disburse/apply if applicable; these forms are completed and submitted directly to Student Business Services. I must settle all fees owed to FSU International Programs in the time agreed upon; any outstanding fees owed to FSU International Programs may be turned over to collections through a third party provider.

I agree and understand:

- If for any reason I do not receive financial aid funds sufficient to settle my deferred fees or if my aid is not disbursed to FSU International Programs by the 10th day of my program, I may be asked to immediately depart from the program at my own expense.
- I authorize consent to communication for any servicer or third-party debt collector to contact me about my application and deferment or for any other lawful purpose including without limitation customer service or collection at any postal address, email address or telephone number including any cellular telephone or wireless device, ported land line or VoIP number. I further authorize such contact at such number or numbers using autodialed, prerecorded or other type of call, voice or text message for any purpose including collections.
- If I withdraw from the program after the first installment payment deadline, regardless of the date of my application and acceptance, I am liable for that portion of the program fee. If I withdraw from the program after the second installment payment deadline, regardless of the date of my application and acceptance, I am liable for the full amount of the program fee.

I agree that I have read and understand the FSU International Programs FYA fee liability and refund policy (international.fsu.edu/Students.aspx).
I expect to receive the following amount(s) of aid through the following source(s), and I agree to the deferment of payment of program fees as outlined below.

### Summer 2019

<table>
<thead>
<tr>
<th>Sources of Financial Aid</th>
<th>Dollar Amount of Expected Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td></td>
</tr>
<tr>
<td>Do you anticipate receiving Veteran’s Affairs (VA) funding?</td>
<td></td>
</tr>
<tr>
<td>Circle one.</td>
<td>YES NO</td>
</tr>
<tr>
<td>Loans (Perkins, Stafford, PLUS, NFSL)</td>
<td></td>
</tr>
<tr>
<td>Scholarships (Bright Futures, Honors, Incentive, etc.)</td>
<td></td>
</tr>
<tr>
<td>Florida Prepaid*</td>
<td></td>
</tr>
<tr>
<td>Circle FPP plan(s) you have:</td>
<td>Number of credits to be taken overseas ____</td>
</tr>
<tr>
<td>Tuition</td>
<td>Housing</td>
</tr>
<tr>
<td>$115.08/credit</td>
<td>$3,310.00/term</td>
</tr>
<tr>
<td>Local Fees</td>
<td>$34.73/credit</td>
</tr>
</tbody>
</table>

*FA17 rates quoted.

**TOTAL Amount of Expected Financial Aid for Summer Semester** $________

I have read and understand the financial provisions set forth herein and have freely and voluntarily signed in agreement therewith.

___________________________  ___________________________  _________________
Applicant Signature  Print Name  Date

___________________________  ___________________________  _________________
Legal Guardian Signature (if applicant is under 18 years of age)  Print Name  Date

**Note:** All sections of this form must be completed in order to be processed—the applicant/legal guardian signature (if applicable) above must be signed in front of the notary.

State of __________________  County of __________________

Sworn to and subscribed before me this _____ day of __________, 20____ by __________________ (Applicant)

Signature of Notary __________________  Printed Name of Notary __________________

Personally Known _______ or Produced Identification _______  Type of ID Produced ____________________________