



University Studies Abroad Consortium
 University of Nevada/MS 0323
 Reno, NV 89557-0323
 Toll-free (866) 404-USAC
 Phone (775) 682-5878
 Fax (775) 784-6013

Financial Aid Disbursement Form

Student Name: _____

Student ID: _____

Program: _____

Term and year: _____

Students are responsible for remitting payment to USAC for any remaining balance due between the total amount of anticipated aid and the total fees due to USAC. Students are also responsible for reporting to USAC, any changes to their aid award amounts or the disbursement schedule, and it is ultimately up to the student to discuss and finalize their financial aid information with their provider.

I understand that I am ultimately responsible for ensuring that my USAC program fees are paid in full. Should I withdraw from the program once it has begun, or after certain deadlines, I understand that I am fully liable for all outstanding program fees as outlined in USAC's Cancellation/Withdrawal policy. I authorize my Financial Aid Advisor to release my aid information as requested below.

Note: Fees paid on-site cannot be deferred.

 Student's Signature

 Date

Financial Aid Information: To be completed and returned by the Financial Aid Administrator

1. Total amount of financial aid awarded for the enrolled program: _____

*If the financial aid covers more than one semester, please specify the amount for each semester.

2. Anticipated disbursement date of financialaid: _____

3. Financial aid will be disbursed to directly to (Check all that apply):
 ___ Student \$ _____
 ___ USAC \$ _____
 ___ Other: \$ _____

4. In the event that the financial aid received and paid to USAC exceeds the remaining program costs, the excess funds should be returned to:

___ Student
 ___ Home School
 ___ Other: _____

5. Gilman Scholarship Awarded _____ Student \$ _____

The information provided above is true and accurate to the best of my knowledge. I will notify USAC of any changes made to the financial aid of the above-mentioned student.

 Name of Institution

 Signature of authorized school official

Date: _____

Print Name: _____

Title: _____

Phone #: (_____) _____, Ext. ____