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 CONFIRMATION DEPOSIT DEFERMENT FORM**

**FOR NON- FSU STUDENTS ON FALL 2017 PROGRAMS**

- 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 your program page on the IP website, and navigate to the *Money Matters* tab to find your program specific policy.

- When in doubt, *don’t fill out!* 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 you receive less aid than what you indicated on your form, you *must* pay the balance out of pocket by the deadline indicated on this deferment form.

- 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.

- If you have any questions related to the fee deferment form, meet with the IP Financial Aid Advisor *before* you submit it.

- By completing this form, *you will be held liable* for the confirmation deposit and/or full program fee unless you cancel from your program *before* the published payment deadlines.

- In accordance with the fee liability policy, all cancellations must be submitted in writing. E-mail administrative.cancellation@admin.fsu.edu.

- The deferment form is a *legally binding* financial document. Read it carefully.

- As with all legally binding documents, I understand I should make and keep a copy of this agreement.

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.

By submitting this deferment form, you are *contractually obligating* yourself to pay the amount deferred unless you cancel *before* the published deadlines.
CONFIRMATION DEPOSIT DEFERMENT REQUEST
Non-FSU Students – Fall 2017 Programs

Print clearly. EMPLID ____________ Program Code ____________

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 expect to receive the following amount(s) of aid through the following source(s).

<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.   YES NO</td>
<td></td>
</tr>
<tr>
<td>Scholarships (Bright Futures, Incentive, etc.)</td>
<td></td>
</tr>
<tr>
<td>Loans (Stafford, PLUS, or private)</td>
<td></td>
</tr>
<tr>
<td>Florida Prepaid</td>
<td></td>
</tr>
<tr>
<td>Circle all that apply.</td>
<td></td>
</tr>
<tr>
<td>Tuition $115.08/credit</td>
<td></td>
</tr>
<tr>
<td>Housing $3,240.00/term</td>
<td></td>
</tr>
<tr>
<td>Local Fees $34.73/credit</td>
<td></td>
</tr>
<tr>
<td>Number of credits to be taken overseas __________</td>
<td></td>
</tr>
</tbody>
</table>

Summer housing requires authorization. Account holder must submit letter to Florida Prepaid.

TOTAL Amount of Expected Aid ____________________________

I hereby request that up to 50% of my confirmation deposit owed to FSU International Programs for my participation in the ____________________________ program be deferred, to the extent of my total expected aid indicated above, until my financial aid funds are received, but no later than Wednesday, September 27, 2017.

I understand that 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; generally, the only aid that disburses through FSU Student Business Services are Florida Prepaid funds. All other aid is usually disbursed through the home school and it is my responsibility to monitor my financial aid file with my home school. I understand that it is my responsibility to settle all fees owed to FSU International Programs in the time agreed upon; all outstanding fees to FSU International Programs may be turned over to collections through a third party provider.

I agree that if for any reason I do not receive financial aid funds sufficient to cover my deferred confirmation deposit or if my aid is not disbursed to FSU International Programs by Wednesday, September 27, 2017, I am responsible for the total amount due. All outstanding fees to FSU International Programs may be turned over to collections through a third party provider; furthermore, the student may be asked to depart from the program prior to the conclusion of the program. I understand in accordance with the fee liability policy, cancellations must be submitted in writing to administrative.cancellation@fsu.edu. I agree that if I withdraw from the program after Wednesday, May 17, 2017, regardless of the date of my application and acceptance, I am liable for the full amount of the confirmation deposit.

I have read and understand the financial provisions set forth herein and have freely and voluntarily signed in agreement therewith. In order for the deferment to be processed, applicants should only sign in the presence of a notary.

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Applicant Signature _______________________________ Date ________________

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 ___________________________

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Applicant Signature _______________________________ Date ________________

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 ___________________________