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 PAYMENT DEFERMENT FORM**
**FOR NON-FSU STUDENTS ON SUMMER 2019 PROGRAMS**

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](http://international.fsu.edu)” 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.

[国际在线.fsu.edu](http://国际在线.fsu.edu)
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>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>Number of credits to be taken overseas ______</td>
</tr>
<tr>
<td>Tuition</td>
<td>$115.08/credit</td>
</tr>
<tr>
<td>Housing</td>
<td>$3,310.00/term</td>
</tr>
<tr>
<td>Local Fees</td>
<td>$34.73/credit</td>
</tr>
</tbody>
</table>

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

TOTAL Amount of Expected Aid ________________

After payment of my commitment fee, I hereby request that up to 50% of my balance owed to FSU International Programs for my participation in the program be deferred, to the extent of my total expected aid indicated above. 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 for non-FSU students is Florida Prepaid funds. All other aid is usually disbursed through my 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 ensure that all necessary paperwork has been completed at my home school. I understand that it is my responsibility to 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 that if for any reason I fail to remit payment in full to FSU International Programs no later than 10 days after the start of my program I may be asked to depart from the program. I agree that I have read and understand the FSU International Programs fee liability and refund policy, which was embedded into my online program application and also can be found by visiting my program page on the FSU International Programs website and navigating to the Money Matters tab. I understand in accordance with the fee liability policy, cancellations must be submitted in writing to ip-cancel@fsu.edu. I agree that if I withdraw from the program, regardless of the date of my application and acceptance, I am liable for the full amount of the program fees.

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.

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.

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.

Applicant Signature __________________________ Date ________________

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 __________________________