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	Transferable Funds Informat		
	TO BE COMPLETED BY HOME COLLEGI World Learning, Accounts Receivable,		
	(Fall or Spring Semesters (
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Student Name:			
Name of College or U	niversity:		
Indicate below the Al	PPROVED and ACCEPTED Financial Aid only	to be transferred to World Lea	arning
Stafford Loans (Sub):	(net amount only)		
Stafford Loans (Un-sul	b): (net amount only)		
Perkins Loans:			
SEOG:			
Pell			
Plus Loans:	(net amount only)		
Home Institution Schol	arships/Grants:		
Other Financial Aid:	(ie NSEP's, private grants, etc.)		
Study Abroad Fee (or	r other fees) charged by Home School that re	duces the amount of Aid -	()
Total Financial Aid to	be transferred:		
The funds will be sen Consortium Received <u>Signature (Home Inst</u>		Student Expected date of F	Payment:
Name	of Financial Aid Representative	Name of Student Accounts Re	epresentative
Telepl	ure of Financial Aid Representative none #: address:	Signature of Student Accounts Telephone #: E-mail address:	s Representative

Please Note:

All students paying for their program with Financial Aid must have this form completed by July 1st for the fall program and December 1st for the spring program. This form cannot be used for the summer program as balances due are not deferrable. Financial Aid and Student Account Representative signatures are required and guarantees these funds are forthcoming to World Learning (or student) within 15 days of expected date of payment.

Please upload the form through the applicate portal or e-mail student.accounts@sit.edu.