

# European Study Center

## Payment Deferral Request Form



Dear Student,

We understand that many students receive financial aid to cover the costs of their studies, including their study abroad programs.

However, it is the responsibility of the student to meet financial obligations and payment deadlines.

If financial aid is available to you and you would like to use it to cover all or part of your study abroad program fee, you and your financial aid advisor must complete, sign and return the **Payment Deferral Request Form**.

Deferred payments are subject to the following rules and regulations:

- The non-refundable deposit cannot be deferred.
- Anything which is not covered by financial aid is the responsibility of the student and must be paid on or before the payment deadlines.
- All financial and deferral arrangements must be made prior to the student's departure date for the study abroad program and according to the deadlines.
- It is the student's responsibility to ensure that deferred payments are received by the University of the Incarnate Word (UIW) within 14 days of the disbursement date noted below in the **Payment Deferral Request Form**. Otherwise, a late fee of 5% will apply accordingly.
- Students who will be out of the country on the date of disbursement are advised to make arrangements (such as assigning Power of Attorney) for transferring financial aid funds to UIW. These arrangements should be made prior to the student's departure date for the program.
- UIW reserves the right to deny students a deferment of payment.
- Please refer to the Payment Schedule page on the ESC website for a detailed timeline of payment due dates:
  - <http://www.studyabroad-germany.eu/finances/payment-schedules/>

Please return the completed and signed original copy of the **Payment Deferral Request Form** to UIW in place of the first payment deadline (August 1 for the fall semester, December 1 for the spring semester). You may either scan it and send it as an email attachment or send via fax to the number listed below.

Shaylyn Carey  
European Study Center Liaison  
University of the Incarnate Word  
Phone: (210) 832-2196  
Fax: (210) 829-8843  
[stcarey@uiwtx.edu](mailto:stcarey@uiwtx.edu)

**European Study Center  
Payment Deferral Request Form**



*To be Completed by Program Participant – Please use block letters*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Name of Study Abroad Program: \_\_\_\_\_

Study Abroad Provider in Europe: CEPA Europe – Cultural & Educational Programs Abroad

**Authorization Release**

I authorize release of my financial aid information to CEPA Europe.

**Participant’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*To be Completed by your College/University Financial Aid Advisor*

Dear Financial Aid Advisor,

This form is required to be completed and verified by the financial aid advisor of all students requesting a Deferral for their CEPA Europe study abroad program. We therefore ask you to please list the amount of financial aid the student listed above will receive for the semester in which he/she is going abroad (i.e. a scholarship or Pell Grant should be listed for either the Spring or Fall semester, etc.) Please enter net proceeds for loans.

FINANCIAL AID OR AWARD TYPE	SCHOLARSHIP	PELL GRANT	STAFFORD LOAN	OTHER
Amount				
Confirmed Disbursement Date				

If the above amounts are estimates at the time of completing this form, please note the date when the final amounts can be confirmed. Please use an additional sheet if more space is required.

**Financial Aid Advisor First/Last Name:** \_\_\_\_\_

**College/University:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Financial Aid Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_