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PROVIDENCE COLLEGE | OFFICE OF FINANCIAL AID

2017-2018 Refund Instruction Form

This form ONLY needs to be completed by students who have financial aid in excess of their direct charges, in the consortium term marked below, and wish for Providence College to send the excess money to a third party. Please note that you should use your refund for any outstanding balance at your host program before using it for indirect expenses.

Student Information

Student Name:

Banner ID:

Home Mailing Address:

Phone Number:

Email Address:

Host Program Information

Host Program Name:

First day of class at Host Program:

Country where student is studying abroad:

Consortium Term: (check one)

- ◯ **Summer 2017**
- ◯ **Fall 2017**
- ◯ **Spring 2018**
- ◯ **Fall 2017 & Spring 2018**

Refund Instructions

◯ I would like 100% of my eligible refund in the consortium term listed above to be **sent to my PARENT/GUARDIAN**.

$_____

Name: _____

Address: _____

_____

_____

Student Certification

I understand that any federal, state, institutional, outside resources, and/or alternative financing that I have received or applied for cannot be transferred per my instructions until the money is actually received from the agency administering those programs. I understand that my financial aid is applied to my Providence College billing statement first, which includes but is not limited to, home tuition, study abroad fee, and other fees if applicable. I understand the amount specified above may be less if funding has changed since the time this form was completed or additional charges have been incurred.

STUDENT'S SIGNATURE:_____ DATE:_____

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