

Office Use Only		
First Name:	# of Pages:	Tracking Code:
Last Name:	Current Status:	Prepped by:
BID:	Prior Status:	Date Prepped:

2022-2023 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. **Funds will be refunded after the Fall/Spring disbursement dates (usually mid-Sept. and mid-Feb.)**

Student Information & Certification	
Student Name:	Parent Email Address:
Banner ID:	Parent Phone Number:
<ul style="list-style-type: none"> 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 and may not cover my host charges in full. I understand it is the student's and parents' responsibility to check with the abroad program to ensure that the balance is satisfied. 	
Student Signature: _____ Today's Date: _____	

Host Program Information	
Host Program Name:	Country where student is studying abroad:
First day of classes at host program:	Study Abroad Term: (check one) <input type="radio"/> Fall 2022 <input type="radio"/> Spring 2023 <input type="radio"/> Fall 2022 & Spring 2023

Refund Instructions	
<i>Your credit from PC can be split between parent/guardian and the abroad program.</i>	
<input type="radio"/> Send my eligible refund in the consortium term listed above to my PARENT/GUARDIAN.	<input type="radio"/> Send my eligible refund in the consortium term listed above to my HOST PROGRAM.
\$ _____ OR _____ % Name: _____ Address: _____ _____ _____	\$ _____ OR _____ % Name: _____ Address: _____ _____ _____
<i>Parent/guardian are responsible for directly paying abroad program for all non-tuition related expenses.</i>	<i>Parent/guardian must contact abroad program to ensure balance is paid in full.</i>