AUTHORIZATION TO PAY HOST INSTITUTION FOR 2006-2007

STUDENT NAME: ________________________________

BANNER ID: 700 ________________________________

Students complete this form if they are participating in a study abroad program, national student exchange, or any other program or credits in which the student is attending a different university while maintaining matriculation at SUNY Plattsburgh. This form provides SUNY Plattsburgh with legal authority to use your financial aid to pay the other host institution (if desired) and information that allows us to adjust financial aid package.

INSTRUCTIONS
1. Complete all sections of this document.
2. Attach to this document Proof of Registration and Proof of Cost.
3. Sign and date this document.
5. Complete a Permission for Off-Campus Study and submit it to the Registrar. A copy of this form can be obtained from the Registrar's Office, or the Distance Learning Office if you are a tele-nursing student.

HOST INSTITUTION

Name of Host Institution: ________________________________

Address of Host Institution: ________________________________

Semester at Host Institution: Fall 2006    Spring 2007    Summer 2007

AUTHORIZATION

Check one of the boxes below, if you check the first box fill in the amount also:

☐ By signing below, I authorize SUNY Plattsburgh to pay $________________ (in US dollars) to my host institution (listed above) to cover any outstanding balance at the host institution for the semester of my program (listed above). I also authorize SUNY Plattsburgh to use any financial aid to pay the host institution. I understand that I am responsible for paying the bill at the host institution if it requires payment prior to my financial aid becoming available.

OR

☐ By signing below, I acknowledge that I have already paid the host institution or plan to pay the host institution directly.

ATTACH FOLLOWING DOCUMENTS

☐ Proof of Registration: attach a copy of your class schedule or registration confirmation at the host institution.

☐ Proof of Cost: attach a copy of your bill for the courses you are taking at your host institution.

STUDENT SIGNATURE

________________________________________  __________________________
Student Signature                     Date

Remember to complete a Permission for Off-Campus Study if you have not already done one.