



FINANCIAL AID PRE-SCREEN FORM
Study Abroad

Print this form, complete it and return it to the Office of Student Financial Aid at the address or fax number provided above. Be sure to answer all questions. Only question 3 can be left blank if it does not relate to you.

Student Name (please print) USC ID or My VIP ID

Permanent Mailing Address

Phone Number Email

- 1. Please indicate the semester(s) and year(s) that you will enroll as a Study Abroad student.
2. Check the box that applies to you. Check only one box.
3. If your Study Abroad program requires payment to a program provider or host school, provide that information below.

Program Provider/Host School Contact Person
Email Address Fax# Telephone#
Date Classes Begin Date Classes End # Hours Enrolled

- 4. If you wish for our office to be able to discuss your financial aid status with someone other than you, please provide the name and relationship of that individual:
I authorize the USC Office of Student Financial Aid and Scholarships to discuss my financial aid status with:
Name Relationship Phone

Terms and Conditions (Please check all).

I understand that funds may not be available for use by the time fees are due at the host school or program provider.
I understand that any outstanding USC charges must be paid before financial aid can be disbursed to me.
I understand that funds will be disbursed directly to me. Unless the host school/provider has already been paid in full, I must use these funds to pay the host school/program provider. Failure to do so will result in being billed by USC for the aid I received.

Submission Deadlines

Fall: June 1
Spring: November 1

By signing below, I acknowledge that I understand the terms and conditions and that I agree to adhere to the stated deadlines.

Signature Date