The AMERICAN COLLEGE of the MEDITERRANEAN

Financial Assistance Form

TO BE COMPLETED BY STUDENT:

Student Name: _____

I, _____ , hereby give my permission to the financial
student signature
aid office to provide the following information to IAU.

Campus: Aix-en-Provence ☐ Barcelona ☐ Madrid ☐ Florence ☐ Multi-City ☐

Term: _____

Please Note: If you are not receiving Finacial Aid to pay for your program abroad explain below

TO BE COMPLETED BY FINANCIAL AID OFFICE:

The student listed above is planning to participate in a study abroad program with IAU/ACM. For billing purposes, please complete the form if the student will be receiving any financial assistance which will be applied to their program fees.

Once completed please email the form to IAU Admissions at enroll@iau.edu.

Will financial aid for this student apply to their program abroad? ☐ Yes ☐ No

If yes, please list the exact amount awarded: $_____

Approximate date of disbursement: _____

If no, please explain how you will be paying for the program:_____

_____

Name _____ Signature _____

Title _____ Date _____

Institution _____ Email _____

Telephone _____

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