This form is to be used by the Financial Aid Office at the University of New Hampshire to disclose information regarding a refund for Study Abroad students. By signing below, you give our office permission to inform your Study Abroad Program of this refund and disbursement date.

Please complete the following information.

Student’s Name: ______________________________________________

Student’s ID Number: __________________________________________

Name of Study Abroad Program: _______________________________

Address of Program:
Street: ____________________________________________
City: _____________________ State: _______ Zip: _______________
Fax #: ____________________________

Is this request for Semester 1: _______ or Semester II: _______

Sign Name: _________________________________________

Date: ____________________