

CGE Use Only: 1 - Approved by Fin Aid _____ 2 - Approved by SAP Faculty _____ 3 - CGE Admin. Coord. - ck pmts made _____
4 - Approved by CGE Director _____ 5 - Approved by CGE Study Abroad Coord.

Payment Extension Request
CSU Faculty-led Study Abroad Programs
Center for Global Engagement

The following payment extension request form may only be applied to Columbus State University study abroad programs that are approved and managed through the Center for Global Engagement.

Submit Completed Forms to:
Center for Global Engagement
4225 University Avenue, Columbus GA 31907
Phone: 706-507-8545

Submission of this form to the Center for Global Engagement does not guarantee approval of the payment extension, which is contingent upon review and final approval of the request.

Name of Student: _____ CSU ID: _____

Check the term in which you intend to study abroad: J-Term Spring Maymester Summer Fall

Name of Study Abroad Program: _____

CURRENT PAYMENT DEADLINES:

Total Program fee (excluding tuition): _____ Deposit Amount & Due Date: _____

1st Payment Amount & Due Date: _____ 2nd Payment Amount & Due Date: _____

EXTENSION REQUEST:

Indicate which payment is to be extended: 1st Payment 2nd Payment Other: _____

Total payment amount to be extended: _____

Revised payment deadline requested (when payment will be made): _____

Source of funds for revised payment deadline (if extension granted): _____

Reason for extension request (*Students must attach any documented justification for the extension request*):

Student is responsible for acquiring all required signatures prior to submission.

FINANCIAL SUPPORT (*Optional.*)

If the source of funds for the revised payment will be through student financial aid or another lending institution, the student must obtain proof that funds will be received in a timely manner. Third-party lending institutions should provide written confirmation on company letterhead that indicates the amount and date of funds to be received.

I hereby authorize the release of information concerning my educational assistance, income, tuition, mandatory fees and other costs assessed by my educational institution. I understand this information is used to determine my eligibility for a study abroad payment extension. _____

Student Signature

To be completed by CSU Financial Aid Counselor:

The following student has been approved for funds in the amount of _____ and expected to be issued by the _____ day of _____ in the year _____.

Printed Name & Email of Financial Aid Counselor

INSTITUTIONAL SUPPORT

By signing below, I support the above named student in his or her request for a payment extension for the study abroad program fees listed above. This extension will not affect the satisfactory administration of this program, nor cause late payments to vendors, or otherwise jeopardize the participation of other students enrolled in the program. The student has demonstrated sufficient justification for the payment extension request and has demonstrated in good faith that he or she will make the payment by the revised payment deadline.

Signature of Study Abroad Faculty Program Director

Signature of Center for Global Engagement Director *(only signed after all other signatures are obtained)*

STATEMENT OF INTENT TO PAY IN GOOD FAITH

I, in good faith, hereby pledge and commit to making a full payment of my approved payment extension by the revised payment deadline. I understand that failure to do so may result in my removal and withdrawal from the study abroad program which is subject to the study abroad refund schedule.

Signature of Student

PAYMENT RECORDS: *(TO BE COMPLETED BY CGE Administrative Coordinator)*

Current total amount paid to CSU by student for study abroad program _____

List any upcoming payments to vendors (include amount, due date, & purpose, if possible)

APPROVAL OF PAYMENT EXTENSION REQUEST *(To be completed by Center for Global Engagement)*

Date approved: _____ Amount of extension approved: _____

Approved by: _____ Revised Payment Deadline: _____

Additional Notes: