



**PAYMENT AUTHORIZATION AND FINANCIAL AID CONTRACT
FOR KEAN UNIVERSITY STUDENTS PARTICIPATING IN A TRAVELEARN PROGRAM**

I, _____ hereby authorize Kean University to withhold \$_____ of my financial aid for **Fall / Spring / Summer Session I / Summer Session II** (_ / _ / _) for reimbursement to Kean University. These funds are to be applied to the costs incurred for the Kean University **Travelearn to** _____ on _____.

Reimbursement should be made to:

Kean University
c/o General Accounting
1000 Morris Avenue
Union, NJ 07083

G/L Account # 14-

I certify that I will be attending as a matriculated **part-time / full-time student** during the semester in which the Travelearn program takes place, and that I will enroll in at least one academic course connected to the **Travelearn to** _____. I understand that this agreement is based on my estimated financial aid awarded as the date of this agreement. I acknowledge that my account will be subsequently reviewed before my awards are disbursed. If there is a reduction in my financial aid awards, I understand that I will be responsible for any remaining balance due to the University; if my financial aid is insufficient to cover the total program cost of \$_____, I am responsible for providing the university with the balance from other financial resources. Furthermore, I understand that if I do not attend the Travelearn program for any reason and my financial aid awards are thus cancelled, I am still responsible for the cost of the program if I withdraw from the activity after the established refund deadlines.

My signature confirms my understanding of and agreement with the financial responsibilities as stated above.

Name (Last, First)	SSN
Student Signature	Date
Counselor, Office of Financial Aid	Date
Director, Center for International Studies	Date