The AMERICAN COLLEGE of the MEDITERRANEAN

Financial Assistance Form

TO BE COMPLETED BY STUDENT:

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

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

Term: _____

Student Signature: _____

By signing my legal name on the line above, I agree to use the below listed award amount to pay my ACM-IAU charges.

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 list the net amount of financial aid available to pay IAU-ACM study abroad charges.

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 amount awarded: $_____

Approximate date of disbursement: _____

Name _____ Signature _____

Title _____ Date _____

Institution _____ Email _____

Telephone _____