

**Consortia/Study Abroad Provider Payment Request
Center for International Programs and Services**

Student Name: _____ Student UID: _____

Email: _____@memphis.edu Term: _____

Study Abroad Program: _____

Amount to be remitted on student's behalf to host institution: \$ _____

Student Acceptance of Financial Responsibility: I authorize payment of Study Abroad Program fees to the Host Institution/Program I have selected. I accept full financial responsibility for all costs incurred by The University of Memphis related to the Study Abroad Program paid on my behalf, whether or not I actually participate in the program. I understand that my University Student Accounts Receivable will be charged for the program costs incurred by The University of Memphis, and that I am responsible for payment in full. I understand that there will be no refund of these costs once paid.

Student Participant Signature

Date

Below this line is for office use only

- Confirmation of acceptance from Host Institution (attach acceptance)
- Detail of cost from Host Institution (attach detail of invoiced amount from Host Institution)
- Student Account charged (attach student account detail showing charges)

Approval to pay Study Abroad Invoice:

Business Officer II, Vice Provost for Undergraduate Programs

Date

Study Abroad Advisor

Date