

TRANSFER OF FUNDS



Many Cultures. One Northeastern.

International Student & Scholar Institute
405 Ell Hall, www.issi.neu.edu
Phone: 617.373.2310, Facsimile: 617.373.878

Please print clearly and return to the ISSI at 405 Ell Hall, or by fax or mail.

Today's Date: _____ Northeastern ID #: _____

Name: _____
(Family Name) (First) (Middle)

Country of Birth: _____ Country of Citizenship: _____

Initial Enrollment Date: _____ Expected Graduation Date: _____
(Month/Day/Year) (Month/Day/Year)

Degree Expected (*Circle one*): A.S. B.A. B.S. M.A. M.S. Ph.D. Other: _____

Program/Major: _____

This is for: (*Please circle the appropriate semester and indicate the year*):

Fall Spring Summer Winter Academic Year Year(s): _____

REQUIRED UNIVERSITY EXPENSES:

Tuition*: _____
Student Fees: _____
Medical Insurance*: _____
Books & Supplies: _____

STUDENT'S ESTIMATED PERSONAL EXPENSES:

Living Expenses: _____
Miscellaneous Expenses: _____

TOTAL: \$ _____

Local Address: _____
(Street) (Apt. Number)

(City) (State) (Zip Code)

*For Cadivi purposes; Medical Insurance is typically assessed for the Fall academic term.

