

2008-2009 (SAE) Study Abroad Financial Aid Contract

Office of Financial Aid · 4202 East Fowler Avenue, SVC 1102 · Tampa, Florida 33620-6960 · (813) 974-4700 · www.usf.edu/finaid

Name: _____ USF ID: U _____

Date of Birth: ____ / ____ / ____

IMPORTANT: This form must be completed before you leave the country.

Student Instructions: This contract is to be completed by you, your USF Academic Advisor and an authorized Education Abroad advisor or coordinator.

A separate contract is required for each term of participation.

Section A: (To be completed by the student)

Part 1:

1. This contract is for (check only one): Fall 2008 Spring 2009 Summer 2009
2. I will be enrolled at _____ in _____ for _____ credit hours.
INSTITUTION COUNTRY
3. This is the email address I check most frequently _____.
PRINT

Part 2: Read and sign the Statement of Compliance for Financial Aid Students:

I understand that:

1. It is my responsibility to provide the Office of Financial Aid with a copy of this contract, or financial aid may be delayed.
2. I am responsible for paying any study abroad related fees due in advance of my study abroad term.
3. State of Florida funds (Bright Futures, FSAG, etc.) will not disburse during the semester that I participate in Education Abroad.
4. **I must submit official verification of enrollment from my study abroad school directly to the USF Financial Aid Office after the end of the first week of classes at my visited school.**
 - **Verification of enrollment must:**
 - **Be on institutional letterhead, and;**
 - **List each class individually, and;**
 - **List the U.S. credit hour equivalency.**
5. **Financial aid cannot be disbursed until this initial requirement has been met.**
6. I must be enrolled at least half-time (6 credit hours for undergraduate students, 5 credit hours for graduate students) to receive financial aid. I understand that my financial aid disbursement is based on my enrollment status, and any change in my enrollment will result in my aid being adjusted.
7. I understand the costs related to my education abroad program and the amount of financial aid & resources awarded to me. Any remaining cost, not covered by my financial aid and resources, will be my responsibility.
8. The Office of Financial Aid will not request, approve, nor verify enrollment for the purpose of the direct disbursement of Stafford Loan funds.
9. I am responsible for providing verification of passing grades to the USF Office of Financial Aid within 10 business days of the end of the course. Any failing incomplete & missing grades will be treated as unofficial withdrawals and may result in my owing a repayment of financial aid.
10. I am responsible for requesting an academic transcript from the Host Institution be sent to USF at the end of each term of my Education Abroad. Credits taken will not count as earned until my official transcript from my Education Abroad Institution has been received and processed by USF. Failure to have these credits processed will result in a delay of any future financial aid disbursements.
11. I may be required to repay certain financial aid funds should I drop or withdraw from my education abroad classes.

Statement of Compliance for Financial Aid Students: My signature below confirms that I have read and clearly understand my responsibilities as stated above and Part 1 is accurate as indicated.

Student Signature

Date

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Name: _____

USF ID: U _____

Section B: To be completed by your USF Academic Advisor Only

Part 1: Answer the following:

1. Is this student classified as a degree seeking student at USF? Yes No
 2. Is this student eligible to register at USF for this term? Yes No

If you answered 'No' to either questions in Part 1, DO NOT sign this agreement.

This student is not eligible for financial aid administered by USF.

Part 2: List the education abroad courses and credit hours that will apply towards graduation.

Department Stamp

Prefix and Number	Course Title	Credits	USF Equivalency	Apply Towards Graduation?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Academic Advisor Certification Statement: By signing this agreement, I certify that the above information is correct and I have authorized the student to enroll in _____ courses for a total of _____ credit hours that will count towards graduation.
NUMBER NUMBER

Note: Department Stamp must be provided.

USF Academic Advisor Signature and Date

Print Name, Title and Department

Section C: (To be completed by an authorized Education Abroad advisor or coordinator)

1. Foreign Institution Name: _____ Country: _____
2. School sending transcripts to USF: _____
3. Enrollment Dates: Start: _____ End: _____
4. Is this a USF sponsored program? Yes No
5. Is Lodging contracted? Yes No
6. Are Meals contracted? Yes No
7. **Standard Education Abroad Budget for enrollment period:**

Note: All fields must be entered or this form will be returned to you. Enter zeros if not applicable.

* Tuition at Foreign Institution:	\$
* Foreign Institution Additional Enrollment Fees:	\$
* USF Education Abroad Administrative Program Fee:	\$
* Required Immunizations and Medications:	\$
Round-trip Airfare: (quote required from agency/airline)	\$
Passport/Visa Fees:	\$
* Required Textbooks and Materials:	\$
* Contracted Lodging: (enter 0 if no contracted lodging)	\$
* Contracted Meals: (enter 0 if no contracted meals)	\$
Total Cost:	\$
* These charges will be used in the calculation of Return of Title IV funds if student withdraws or drops class.	

Certification Statement: I certify that the information provided above is correct. I will notify the Office of Financial Aid in writing should I be made aware of any changes in this student's enrollment at the foreign Institution.

USF Education Abroad Authorized Signature

Date

Printed Name

Title

Business E-Mail Address

(_____) _____
Telephone Number

