



Study Abroad Financial Aid Form

SECTION 1: TO BE COMPLETED BY STUDENT**STUDENT INFORMATION:** Name: _____ ID: _____ Term/Year Abroad: _____**STUDY ABROAD PROGRAM INFORMATION:** Program (Name/ Sponsor): _____

If the program is not sponsored by UBalt, please provide the following information about the sponsoring school:

Phone: _____

Name & Address: _____

Fax: _____

E-Mail: _____

Initial in each box to the left of the statement:

| | |
|--|--|
| | This form and a signed copy of my Permission to Study Abroad (PSA) Form must be on file with Education Abroad in order for my financial aid to be processed. |
| | I understand that if I am participating in a program that is not sponsored by/or affiliated with UBalt or the program is not sponsored by another Maryland institution; I am not eligible to receive aid from the State of Maryland such as Educational Assistance, Guaranteed Access Grants, Maryland Hope, Delegate, and/or Senatorial Scholarships. |
| | I understand that if I am participating in a program that is not sponsored by/or affiliated with UBalt, my financial aid can only be disbursed once the courses are listed on my schedule. |
| | I have been informed of the costs of my study abroad program. I understand which costs (if any) will be billed to my student account at UBalt and which costs I am responsible for paying to the program directly. |
| | I understand that my aid can be credited to my student account, at the earliest, ten (10) days before the start of the semester at UBalt. (EXCEPTION: For students participating in a Non-UBalt program, financial aid cannot be released until our office receives confirmation of their courses are listed in Student Center). |
| | I am responsible for contacting my lender to discuss information about the deferment of my loans. |
| | Failure to complete the necessary coursework and number of credit hours can result in a chargeback of financial aid. |
| | I understand that Grants/Scholarships require me to maintain enrollment in at least 12 credits (full-time status) and Direct Loans require me to maintain enrollment in at least 6 credits (half-time status) during the semester in which I study abroad. |
| | I agree to notify UBalt promptly if I withdraw from any of the study abroad courses before their conclusion. <i>I understand I will have to repay any increase received.</i> |
| | I understand that my financial aid will be disbursed to my student account at UBalt. After all UBalt charges are paid; any excess funds will be disbursed to me as a financial aid refund. I understand that I am responsible for paying all charges to the Host Institution by the Host Institution's due date and UBalt if the course is in the winter semester. |

Student Signature: _____ **Date:** _____**SECTION 2: TO BE COMPLETED AND SIGNED BY THE EDUCATION ABROAD ADVISOR**

| Semester (Fall, Spring, Summer, Winter) | Start Date | End Date | # of Credits |
|---|------------|----------|--------------|
| | | | |

STUDY ABROAD COST OF ATTENDANCE - BUDGET

| | | | |
|----------|--------|-----------|-----------|
| Tuition: | Board: | Airfare: | Other: |
| Room: | Books: | Personal: | TOTAL: \$ |

Budget provided
separately with
student roster☐

| | | |
|---|-------|-------------|
| Who will bill the student for tuition? (Check only one) | UBalt | Third party |
|---|-------|-------------|

Education Abroad Advisor Signature: _____ **Date:** _____

