



# 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): \_\_\_\_\_

**Initial in each box to the left of the statement:**

|  |                                                                                                                                                                                                                    |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | I have been accepted to the study abroad program listed above.                                                                                                                                                     |
|  | I understand that financial aid funds will not be available for required program deposit fees or upfront costs.                                                                                                    |
|  | 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 failure to complete my program, or withdrawal from my program, can result in a charge-back of financial aid.                                                                                     |
|  | I understand that in order to receive financial aid I will need to be registered for degree applicable courses.                                                                                                    |
|  | I understand that I will need to be enrolled at least half-time in order to receive financial aid (with the exception of an alternative student loan).                                                             |
|  | I understand that cost of attendance(COA) is based on a reasonable cost provide by the study abroad program.                                                                                                       |
|  | I agree to notify the Office of Financial Aid promptly if I withdraw or drop from any of the study abroad courses before their conclusion.                                                                         |

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SECTION 2: TO BE COMPLETED AND SIGNED BY THE STUDY ABROAD COORDINATOR or GLOBAL FIELD STUDY COORDINATOR

| 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 |
|---------------------------------------------------------|-------|-------------|

**Study Abroad or Global Field Study Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_