

2019-2020 Study Abroad Form

Student Name: _____ **Student ID Number:** _____

Where are you planning to study abroad? _____

What is your departure date? _____

Which semester are you studying abroad? **Fall 2019** _____ **Spring 2020** _____

What are your semester dates: _____

Indicate the number of credits for which you will register. **Fall 2019** _____ **Spring 2020** _____

(Students must be matriculated. Undergraduate students must be registered for a minimum of 12 credits per semester and graduate students must be registered for a minimum of 9 credits per semester.)

Please read and sign this acknowledgement statement.

I understand that my request to study abroad must first be officially approved by the Office of International Education at SCSU.

I understand that I must provide to the Office of International Education the estimated cost for my proposed trip. The estimated costs should include all itemized costs associated with my planned study abroad program. Itemized costs cannot include personal excursions.

I understand that if I am planning to study abroad for the Fall 2019 and/or Spring 2020 semester(s) I may be required to pre-pay my expenses for the trip (tuition, room, board, airfare, etc.) before being considered for any financial assistance.

I understand that eligibility for a Federal Direct Loan (Subsidized/Unsubsidized), Federal Direct PLUS Loan and/or alternative loans **does not guarantee the loan proceeds will be available before I depart on the trip, nor does it guarantee that I will be fully reimbursed for all expenses.**

I understand that I must register for courses in my planned program (degree evaluation) in order to receive financial aid.

I understand that I am responsible to request an official academic transcript at the end of the semester that I studied abroad. The academic transcript must be received no longer than 30 days into the next semester, otherwise, a failing grade(s) will be issued. The academic transcript should be sent directly to:

Southern Connecticut State University -Office of International Education Engleman Hall, Room A-220 -501 Crescent Street -New Haven, CT 06515

I also understand if SCSU doesn't receive the official academic transcript from the institution that I studied abroad, my financial aid will be canceled and I will be responsible to pay the outstanding balance for the semester abroad.

In addition, I acknowledge that if I withdraw from the study abroad program, reduce my course load or do not attend the courses, my financial aid and/or alternative loan may be reduced or canceled and I will be responsible for paying the outstanding balance.

Student Signature: _____ **Date:** _____

(Required)

Warning: If you purposely give false or misleading information and/or fraudulently sign this form, you may be fined, sentenced to jail or both. In addition, you will forfeit institutional eligibility.