If you will study abroad in a U-M program for the Spring and/or Summer terms of 2016, you must fill out this form to request financial aid. Both sections of the form must be completed and signed before it is submitted to the U-M Office of Financial Aid.

Do not complete a Request for Funds form

A U-M program is defined as one for which you enroll through the University of Michigan. A non-UM program is one for which you enroll at another university, agency or institution.

Students in non–UM study abroad programs must visit our office and complete a Consortium Agreement.

DO NOT COMPLETE THIS FORM.

Student Name ____________________________________________________________ UMID (8 digits) ______________________

Program (check one): □ CGIS □ IPE □ Art & Design □ Architecture □ Nursing
□ Other __________________________________________________________________

Section A: To be completed by Study Abroad Program Advisor

Study Abroad Program Name ___________________________________________ Location __________________________

Program Dates: Start ____________________ End ____________________ Credit Hours ____________________

□ U-M Tuition Charged □ No U-M Tuition □ Program Term: ________________________________

Print Study Abroad Program Advisor Name (This is not your academic advisor) ______________________________________________________

Study Abroad Program Advisor Email ____________________________________________

Study Abroad Program Advisor Signature ________________________________________ Date ______________________

Section B: To be completed by Student

Check only one of these two boxes:

□ I will only enroll for the Spring or Summer study abroad program listed above.

□ I will enroll for the study abroad term listed above AND enroll for classes at U-M for the other term.

If you plan to participate in a Summer Camp program in the term other than your study abroad term, write the program name here: ______________________________________________________

AFFIRMATION OF FINANCIAL AID FUND USE (Initial each section and sign below)

_____ I agree to use all financial aid resources received from the University of Michigan to pay any costs charged by the host institution (may include tuition, fees, room and/or board).

_____ I understand that any existing balance at the host institution must be resolved in sufficient time to allow the receipt and review of my transcript by the 90th day after the program ends.

_____ I understand that my failure to do this will result in the loss of all federal and OFA-administered institutional financial assistance.

_____ I am enrolled through U-M for this study abroad program.

_____ I understand that if I don’t transfer a full-time credit load back to U-M, my aid may be adjusted based on the number of transfer credit hours received.

STUDENT SIGNATURE ____________________________________________ DATE ______________________

More information can be found on our website: www.finaid.umich.edu/Abroad. If you have questions regarding this form or about receiving financial aid for studying abroad, contact Mike Ross at 734-763-6600 or mpross@umich.edu.