



# STUDY ABROAD FINANCIAL AID REQUEST

## FALL TERM & ACADEMIC YEAR

If you will study abroad in a U-M program for the fall term or for the academic year (fall/winter terms), 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 (OFA).

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.

Student name \_\_\_\_\_ U-M ID (eight digits) \_\_\_\_\_  
Sponsoring unit: CGIS IPE Ross Stamps Nursing Kinesiology Other: \_\_\_\_\_

### SECTION A: TO BE COMPLETED BY STUDY ABROAD PROGRAM ADVISOR

Study abroad program name: \_\_\_\_\_ Location: \_\_\_\_\_  
Program dates: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Fall term credit hours: \_\_\_\_\_ Winter term credit hours: \_\_\_\_\_  
U-M tuition charged No U-M tuition Program term: Fall Academic year  
Printed study abroad program advisor name: \_\_\_\_\_  
Study abroad program advisor email: \_\_\_\_\_  
Study abroad program advisor signature (typed signatures are acceptable): \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B: TO BE COMPLETED BY STUDENT

Do you have a passport? Yes No

### AFFIRMATION OF FINANCIAL AID FUND USE

- I understand that I am responsible for paying any costs charged by the host institution (including tuition, fees, housing, and/or meals) and will use accepted financial aid for this purpose.
- 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 I will be asked to and need to comply with OFA request to have my instructor(s) and/or host institution certify that I am attending all classes and enrolled as a full-time student.
- I understand that my failure to do this will result in the loss of all federal and OFA-administered institutional financial assistance.
- 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 and/or my verified attendance in coursework while abroad.

Student signature (typed signatures are acceptable) \_\_\_\_\_ Date \_\_\_\_\_

More information can be found on our website: [finaid.umich.edu/abroad](http://finaid.umich.edu/abroad). If you have questions regarding this form or about receiving financial aid for studying abroad, contact the financial aid study abroad team at [finaid.abroad@umich.edu](mailto:finaid.abroad@umich.edu).



## FINANCIAL AID STATEMENTS OF UNDERSTANDING

*Please initial each line and sign below to certify that you have read and understand these statements:*

\_\_\_\_\_ I understand that my financial aid will not be increased for unanticipated or emergency expenses as it relates to my study abroad travel.

This includes but is not limited to living costs associated with being in-country longer than intended for any reason including illness or travel restrictions, or high cost flights/repatriation flights to the student's home country.

\_\_\_\_\_ I understand that I must submit and adhere to any safety plans required by the University of Michigan in order for my request for financial aid to be processed.

\_\_\_\_\_ I understand that should there be a disruption in my enrollment, I am required to finish the program remotely or financial aid will be revoked or reduced.

\_\_\_\_\_ I understand that university travel guidelines are subject to change and agree to adhere to any updated requirements as it pertains to my study abroad program.

\_\_\_\_\_  
Student signature (typed signatures are acceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
U-M ID (eight digits)