

2500 Student Activities Bldg. • 515 E. Jefferson St. • Ann Arbor, MI 48109-1316 • tel: 734-763-6600 • fax: 734-647-3081 • email: <a href="mailto:financial.aid@umich.edu">financial.aid@umich.edu</a> • web: <a href="mailto:financial.aid@umich.edu">financial.aid@umich.edu</a> • <a href="mailto:financial.aid@umich.edu">financial.a

## STUDY ABROAD FINANCIAL AID REQUEST

## SPRING/SUMMER

If you will study abroad in a U-M program for the spring and/or summer 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. Students in non-UM study abroad programs must meet with a study abroad financial aid advisor and complete a Consortium Agreement. Do not complete this form if you are going on a non-UM study abroad program.

Student name						U-M ID	(eight digits)		
Program (check one):	CGIS	IPE	Ross	Stamps	Nursing	Kinesiology	Other:		
SECTION A: TO BE COMP	PLETED E	BY STUD	Y ABROAD	PROGRAM A	DVISOR				
Study abroad program name:						Location:			
Program dates: Start:		End:				Credit hours (exact number):			
U-M tuition charged	No U	J-M tuiti	on	Р	rogram term	: Spring	Summer	Spring/summer	
Study abroad program a	advisor na	ame (pr	inted):						
Study abroad program a	advisor er	mail:							
Study abroad program advisor	signature (	typed sigr	natures are a	cceptable)				Date	
SECTION B: TO BE COME	PLETED E	BY STUD	ENT						
Do you have a passport?	? Yes	No							
Other enrollment plans	s:								
In addition to your study	/ abroad	progran	ո, will you	enroll in oth	er courses in	Ann Arbor du	ring the spri	ng/summer terms?	
Yes No If yes, ho	w many	credits?			Progr	ram term:	Spring	Summer Spring/summer	
If you plan to participate write the program name					-	our study abr	oad term,		
AFFIRMATION OF FINA	NCIAL A	AID FUN	ID USE						
I understand that I a meals) and will use						host institution	on (including	g tuition, fees, housing, and/or	
I understand that ar of my transcript by					on must be r	esolved in suf	ficient time t	o allow the receipt and review	
I understand that I we certify that I am atte							instructor(s	) and/or host institution	
I understand that m assistance.	y failure	to do th	is will resu	ult in the loss	s of all federa	al and OFA-adr	ninistered in	stitutional financial	
I understand that if transfer credit hours								ased on the number of	
Student signature (typed signa	atures are a	cceptable)	)					 Date	

More information can be found on our website: 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.



## FINANCIAL AID STATEMENTS OF UNDERSTANDING