



# 2020 SPRING/SUMMER STUDY ABROAD FINANCIAL AID REQUEST

If you will study abroad in a U-M program for the spring and/or summer terms of 2020, 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-U-M program is one for which you enroll at another university, agency or institution. Students in non-U-M study abroad programs must visit our office and complete a Consortium Agreement. Do not complete this form.

Student Name \_\_\_\_\_

U-M ID (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

Do you have a passport?  Yes  No

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

\_\_\_\_\_ 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.

**Note:** If your transcripts will not arrive at U-M within the 90-day window, we will require a letter from your advisor or host institution stating that you have attended 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 OF A-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.

Student Signature \_\_\_\_\_

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).