



Complete and return to:

Southern Connecticut State University
Office of Financial Aid and Scholarships, WT Room 117
501 Crescent Street, New Haven, CT 06515
Documents may be submitted by email to financialaid@southernct.edu, by mail or in person.

2021-2022 Study Abroad Form

Student Name: Student ID Number:

Study abroad location:

Departure date:

Study abroad semesters: Fall 2021 N/A Spring 2022 Summer 2022

Semester dates:

Credits per semester: Fall 2021 N/A Spring 2022 Summer 2022

(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 acknowledgment statement.

- I understand that my study abroad request must first be officially approved by the SCSU Office of International Education.
I understand that I must provide the estimated cost for my proposed study abroad trip to the Office of International Education, including all itemized costs associated.
I understand that 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 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.
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:

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.