2021-2022 Study Abroad Form

Student Name: ___________________________________________ Student ID Number: ___________________________________________

Study abroad location: ___________________________________________

Departure date: ___________________________________________

Study abroad semesters: Fall 2021 _______ N/A _______ Spring 2022 ____________

Semester dates: ___________________________________________

Credits per semester: Fall 2021 __N/A_________ Spring 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. Itemized costs cannot include personal excursions.

• 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. The academic transcript must be received no later than 30 days into the next semester, otherwise, a failing grade(s) will be issued. The academic transcript must be sent directly to:

• 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.