

2023-2024 Study Abroad Form

Student Legal Name: _____ **Student ID Number:** _____

Study abroad location: _____

Departure date: _____

Study abroad semesters: **Fall 2023** **Spring 2024**

Semester dates: _____

Credits per semester: **Fall 2023** _____ **Spring 2024** _____

(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, including all associated costs, to the Office of International Education. 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:**
 - Southern Connecticut State University - Office of International Education Engleman Hall, Room A-220 – 501 Crescent Street -New Haven, CT 06515
- **I understand if SCSU doesn't receive the official academic transcript from my study abroad institution, that 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, my financial aid and/or alternative loan may be reduced or canceled and I will be responsible for paying the balance.

Please sign with a black/blue pen, digital or electronic signature. If digital or electronic, be sure to send this document to financialaid@southernct.edu from your SCSU email address. We do not accept typed signatures.

Student Signature: _____ **Date:** _____