

## 2023-2024 Study Abroad Form

**Student Legal Name:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_

**Study abroad location:** \_\_\_\_\_

**Departure date:** \_\_\_\_\_

**Study abroad semesters:** Fall 2023 \_\_\_\_\_ Spring 2024 \_\_\_\_\_ Summer 2024 \_\_\_\_\_

**Semester dates:** \_\_\_\_\_

**Credits per semester:** Fall 2023 \_\_\_\_\_ Spring 2024 \_\_\_\_\_ Summer 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 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:**
  - Southern Connecticut State University - Office of International Education Engleman Hall, Room A-220 –  
501 Crescent Street -New Haven, CT 06515
- **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.