

**STUDY ABROAD OUTSIDE PROGRAMS
COST ESTIMATE**

Academic Year _____

Study Abroad
Office of Student Finance
University of Minnesota, Twin Cities
200 Fraser Hall, 106 Pleasant St. S.E.
Minneapolis, MN 55455-0422
Phone: 612-624-1111
Fax: 612-624-9584
E-mail: helpingu@umn.edu

DIRECTIONS

Please complete **SECTION A: Student information** and **SECTION B: Credits to be completed**. The school you will be attending—the host institution—must complete **SECTION C: Estimated expenses**. Supporting documentation of the program fees must be attached and may include, but is not limited to, a photocopy of study abroad costs listed in the host institution's course catalog or a letter on official institutional letterhead that lists the study abroad costs. Both you and the host institution's representative must add signatures to **SECTION D: Certification** on the reverse side of this form. Please submit the completed form, along with the **Study Abroad Outside Programs Financial Aid Consortium Agreement**, to the Office of Student Finance (OSF) to the address above.

NOTE: The credits for winter break programs are added to spring registration and credits for May session programs will be added to summer registration. If you are enrolled for fewer than:

- 12 credits, you must consult with OSF.
- 13 credits, your University of Minnesota registration status may be affected.

Please type or print neatly in ink.

SECTION A: Student information			
Name (last, first, middle initial)			
Birth date	University student ID number	University e-mail address <div style="text-align: right;">@umn.edu</div>	
Permanent address (street or P.O. box number, city, state, ZIP code)			
Daytime phone number (include area code)	Estimated departure date	Estimated return date	
SECTION B: Program description			
Program name	Study Abroad registration to be completed		
Accrediting institution (school issuing transcript for program coursework)	<input type="checkbox"/> Fall Year 200 ____ Credit total:	<input type="checkbox"/> Spring Year 200 ____ Credit total:	<input type="checkbox"/> May/summer Year 200 ____ Credit total:
Program sponsor			
SECTION C. Estimated expenses			
Tuition	\$		
Program administrative and insurance fees	\$		
Learning Abroad Center administrative and insurance fees (to be entered by UM)	\$		
Room and/or board	\$		
Transportation to and from program site	\$		
Passport/Visa/required documents (plus cost of photos) and immunizations	\$		
Books/materials	\$		
Essential daily living expenses (including local transportation)	\$		
Miscellaneous expenses	\$		
TOTAL ESTIMATED EXPENSES			\$

Please continue on page 2



SECTION D. Certification

I certify all of the information on this form is true and accurate and that I have read and agree with the information below.

I have been admitted to a degree or certificate program at the University of Minnesota.

I understand that I am responsible for reading and understanding the OSF Satisfactory Academic Progress Policy for Financial Aid Recipients available online at onestop.umn.edu/Finances/sap02.html.

I understand that I am responsible for taking care of any holds (negative service indicators) on my record prior to departure. Holds will prevent me or the Learning Abroad Center from processing the registration required to complete my studies. My failure to be registered before the end of the cancel/add registration period for each term I am studying abroad will lead to delay or cancellation of my financial aid.

I understand that I am responsible for granting Power of Attorney to my contact person.

To the best of my knowledge, the information provided on this form represents a realistic estimate of the costs and credits.

I understand that my financial aid will be disbursed into my University of Minnesota student account and automatically applied to the balance due for any University of Minnesota-required administrative fees or insurance costs .

I understand that I will receive a billing notification sent to my University e-mail account that directs me to my online billing statement for any University of Minnesota-required administrative fees or insurance costs not covered by my financial aid and that payments will be due according to the published schedule.

I understand that I must use any financial aid credit balance remaining in my University of Minnesota student account to make payment directly to my program sponsor or host university for all non-University of Minnesota program fees. I will not use my financial aid to cover other expenses until all of my charges from the University of Minnesota and my host institution are paid in full.

I understand that if I drop/withdraw from courses or earn fewer than the credits for which I was enrolled, I may be billed for financial aid that I have received for which I am no longer qualified. I will notify OSF and my host institution immediately if I reduce my credit load below the registration indicated above or withdraw from my program.

I will report all scholarship funds to OSF.

Student's signature

Signature of student (required)

Date

Host's signature

Name of host representative (please print legibly)

Title

Signature of host representative (required)

Date

for office use only

financial aid advising reminders

- check for any potential academic progress or grade level issues.
- if appropriate, ask the student to complete a student information release authorization form.
- if appropriate, discuss the option of supplementary loans and application procedures.
- remind the student of OSF and lending agency (especially University-based loans) paperwork, requirements, and timetables.

student finance counselor's signature

date