

STUDY ABROAD NONAFFILIATED PROGRAMS COST ESTIMATE

DIRECTIONS— Please provide your personal information and program information. The school you will be attending—the host institution—must provide estimated expense on this form. 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 on the reverse side of this form.

SUBMIT FORM:
In person on campus:
 333 Science Teaching & Student Services
 130 West Bank Skyway
 130 Coffey Hall

Please submit the completed form along with the Study Abroad Outside Programs Financial Aid Consortium Agreement.

By mail to:
 One Stop Student Services Center
 University of Minnesota, Twin Cities
 PO Box 835
 Minneapolis, MN 55440

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 the Office of Student Finance
- 13 credits, your University of Minnesota registration status may be affected

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Student information			
Name (last, first, middle initial)			
Birthdate (mm/dd/yyyy)	University ID	Email address @umn.edu	
Permanent address (street or P.O. box number, city, state, ZIP code)			
Phone number (include area code)	Estimated departure date	Estimated return date	
SECTION B. Program description			
Program name	<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> May/summer 20__
Accrediting institution (school issuing transcript for program coursework)	Credit total:	Credit total:	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 U of M)	\$		
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			\$



To request copies of this form in an alternative format, please call the Disabilities Services liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



Please recycle.

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 signature	Date
Name of host representative	Title
Host representative signature	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
---------------------------------------	------