

## Study Abroad Financial Aid Request Form

This form serves as a consortium/contractual agreement for students who wish to apply financial aid (loans, grants and/or scholarships) towards the cost of study abroad programs not led or hosted by Christopher Newport University.

*The student is responsible for payment of all charges at the study abroad institution. Financial aid funds cannot be used to pay for fees that are due prior to the start of the program.* Financial aid funds will be disbursed to the Christopher Newport student account and will first be applied towards Christopher Newport fees (if applicable). Any remaining credit balance will be refunded directly to the student. Students must ensure they have selected a refund method with the Office of Student Accounts. Students should consult with the Office of Study Abroad regarding program costs and payment deadlines.

**Section I:** This form must be completed and signed by the student and returned to the Office of Financial Aid at Christopher Newport University. The Office of Financial Aid will send this signed form to the study abroad program provider and/or abroad institution for the certification of Section II.

**Section II:** This section will be certified by the study abroad program provider and/or abroad institution.

A copy of the study abroad course schedule must be submitted to the Office of Study Abroad at Christopher Newport University. Final verification of registration and approved courses will be completed before funds are applied to the Christopher Newport student account.

All additional financial resources (external scholarships, discounts, etc.) must be disclosed in Section II of this document. Additional resources will be taken into consideration of a student's financial aid package.

<b>SECTION I: TO BE COMPLETED BY THE STUDENT</b>
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Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Study Abroad Program Details	
Program Name:	
Program Contact Name/Email:	
Semester Abroad: (Ex. Fall 2020)	

**By signing this form, I (the student) agree to:**

- Authorize the Christopher Newport University, Office of Financial Aid to share this form with my Study Abroad program provider and/or host institution for the completion of the certification section.
- Notify the Office of Financial Aid at Christopher Newport University if there is a change in my enrollment status at either institution.
- Authorize the host institution to release any required information to finalize my financial aid at Christopher Newport.
- Take responsibility for payment arrangements at the study abroad institution or provider.
- Request an official transcript confirming completion of study abroad courses for the term attended within 30 days of my last day of enrollment at my study abroad institution.

- Read the policies and procedures associated with receiving financial aid for participating in a non-Christopher Newport led study abroad program: <http://cnu.edu/financialaid/studyabroad/>

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY THE STUDY ABROAD INSTITUTION LIASON OR PROVIDER**

**CERTIFICATION:**

Study Abroad Institution Eligibility: In order to enter into a consortium/contractual agreement for the disbursement of Title IV aid, the following statements must be certified by the host institution or by the provider, on behalf of the host institution.

*The study abroad institution's eligibility or certification to participate in Title IV programs was terminated or revoked.*

**True**  **False**

*The study abroad institution's application for certification or recertification to participate in Title IV programs was denied.*

**True**  **False**

*The study abroad institution has voluntarily withdrawn from participation in Title IV programs.*

**True**  **False**

**ADDITIONAL RESOURCES:**

Please list all additional scholarships and/or the value of discounts the student may be receiving from the host institution that were not previously listed in the Additional Resources portion of Section II.

Source:	Amount in USD:
<i>(Ex. ISA Study Abroad Scholarship)</i>	<i>(Ex. \$1000.00)</i>

The authorized official signing this form certifies that the Study Abroad Institution will not pay the student Title IV student aid during the semester abroad indicated in section I. Further, the study abroad institution liaison agrees to notify Christopher Newport University if the student withdraws from the program or courses before their conclusion. Satisfactory conclusion of the program will be evidenced by an academic transcript, upon request of the student.

\_\_\_\_\_  
Authorized Official Signature / Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
(Area Code) Telephone Number

\_\_\_\_\_  
E-mail Address

Office Use Only: PLP/HON \_\_\_\_\_

SA SCH Code \_\_\_\_\_

Payment Period \_\_\_\_\_