

Academic Year: \_\_\_\_\_



## International Education Center

### Preliminary Application for Study Abroad

1. Student Information:

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_ Classification: \_\_\_\_\_

Major: \_\_\_\_\_ School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FSU E-mail: \_\_\_\_\_

2. FSU Credit hours successfully completed to date: \_\_\_\_\_  
(You must have completed 30 hours to study abroad)

3. Anticipated date of Graduation \_\_\_\_\_

4. Have you undertaken any prior foreign study during school? \_\_\_\_\_  
If so, how many credit hours were received? \_\_\_\_\_

5. Name and location of proposed foreign school: \_\_\_\_\_

6. Proposed Dates of Study: \_\_\_\_\_ to \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

7. Name of program: \_\_\_\_\_

8. Proposed Term(s): \_\_\_\_\_ Year: \_\_\_\_\_

Proposed courses at foreign school (list in order of preference)

Foreign Institutions Courses			Fayetteville State University Equivalent			
Course No.	Course Title	Credit Hrs.	Course No.	Course Title	Credit Hrs.	Chairpersons Approval for Degree credit
<b>Total(s)</b>						

Total credit hours to be applied toward the FSU B.S/B.A degree \_\_\_\_\_

Faculty Sponsor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Financial Aid Expected for the Term Indicated Above***

(If you *do not* plan to use financial aid, check here and skip to the next section )

	Check if Estimated	Amount
Grants:		
Federal Pell Grant	<input type="checkbox"/>	_____
Federal SEOG Grant	<input type="checkbox"/>	_____
College Need-Based Grants	<input type="checkbox"/>	_____
Other (please list)	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
Total Grants:		
Loans:		
Federal Subsidized Stafford Loan	<input type="checkbox"/>	_____
Federal Unsubsidized Stafford Loan	<input type="checkbox"/>	_____
Federal Perkins Loan	<input type="checkbox"/>	_____
Federal PLUS Loan	<input type="checkbox"/>	_____
Student Signature Loan	<input type="checkbox"/>	_____
Other (please list)	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
Total Loans:		
<b>Total Aid:</b>		_____

Since financial aid resources may not cover the entire cost of your study abroad project, what other financial resources will you use to cover expenses not met by financial aid?

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Please attach the following information and submit Preliminary Application prior to December 1 for subsequent summer and fall; July 1 for subsequent January.

- Typed statement (250-500 words), which describes:
  - how this study abroad program will enhance your overall educational experience
  - what you hope to accomplish during your study abroad experience
  - previous experience living, working, or studying outside the United States
  - educational objectives for the proposed study abroad
  - previous experience living, working or studying outside the United States
  - ability to work independently, take initiative, overcome obstacles, and interact with people different from yourself
- Current resume
- Unofficial school transcript
- Names, addresses, telephone numbers and email addresses (if possible) of two references.

In addition to this preliminary application, if selected for study abroad students must:

- Complete Fayetteville State University form:
  - Application for study abroad

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**NOTE:** Preliminary Applications and supporting materials should be submitted to the International Education Center no later than **March 1** for summer, fall, and full year programs and **July 1** for spring.



## Office of Financial Aid

1200 Murchison Road  
Fayetteville, NC 28301  
<http://finaid.uncfsu.edu/>  
(800)368-4210 or  
(910) 672-1325 (voice)  
(910) 672-1423 (fax)

## Financial Services & Study Abroad Program Agreement

It is critical to start the financial aid process as early as possible to ensure all paperwork is completed prior to your departure. Students should be prepared to meet their own personal expenses, as well as the program expenses (if not charged through the student's University Account) in the event aid is not available prior to departure.

To be considered for financial aid for a Fayetteville State University Study Abroad Program, you must return this agreement to the Financial Aid Office. Your signature indicates that you understand and agree to the conditions to receive financial aid for the university's study abroad program.

By checking the items below, I am confirming that I understand each item:

- \_\_\_\_\_ I understand that I may not receive enough financial aid to cover the entire cost of my program.
- \_\_\_\_\_ I have completed the Free Application for Federal Student Aid on the web (FAFSA).
- \_\_\_\_\_ I understand that if my file is selected for verification, the verification process must be completed before I will be awarded any financial aid for my program.
- \_\_\_\_\_ I understand that it is my responsibility to monitor my FSU e-mail and Banner account for any communication from the Financial Aid Office.
- \_\_\_\_\_ I understand that if I am a first-time Federal Stafford Loan borrower, I am required to complete the entrance loan counseling and complete a Master Promissory Note (MPN) as indicated in my financial aid award letter before the funds will be credited to my account. I understand that failure to do this will result in my loan funds being returned to my lender.
- \_\_\_\_\_ I understand that my loan may not be available before the beginning of my program and must make alternative financial arrangements with the International Education Center until my financial aid funds are available.
- \_\_\_\_\_ I understand that my lender for the Federal Stafford Loan and/or the PLUS loan may deduct 3% or 4% from my loan amount for insurance and origination fee, as required by federal regulations.
- \_\_\_\_\_ I understand that Financial Aid will be awarded according to my eligibility, the availability of funds, and regulatory loan limits as defined by the Department of Education. I understand that I may not receive enough financial aid to cover the entire cost of my program.
- \_\_\_\_\_ I understand that it is my responsibility to make sure the necessary arrangements with the Office of Student Accounts. I must complete the Authorization Agreement to satisfy the institutional charges.
- \_\_\_\_\_ I understand that I must notify the Financial Aid Office of any changes in personal contact information. I understand that if my credit hours are reduced my financial aid will be adjusted. My eligibility must be recalculated if I change my credit hours.
- \_\_\_\_\_ I have read this agreement and understand each item as I have checked.
- \_\_\_\_\_ I authorize Fayetteville State University to pay tuition, fees, room and board charges, and other institutional costs to the host institution. I understand that I am responsible for paying any additional costs not covered by financial aid.

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Student's Signature: \_\_\_\_\_ Banner ID: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSORTIUM AGREEMENT

~ Between ~

<b>Fayetteville State University</b>	And	
(Home School)		(Host School)

#### SECTION I: To be completed by the student

Name: _____	Social Security Number: _____
Home Address: _____	Banner Student ID Number: _____
City: _____ State: _____ Zip: _____	Home Phone: (_____) _____
Email Address: _____	Campus/Local Phone: _____
Consortium Term: ___ Fall ___ Winter ___ Summer	
<b>Statement of Authorization:</b>	
<p>I agree to:</p> <ul style="list-style-type: none"> <li>• Submit this form to the Fayetteville Sate University and to my Host School for completion.</li> <li>• Inform the Fayetteville Sate University immediately if I choose not to enroll or otherwise cancel my participation in this program.</li> <li>• Allow the Fayetteville Sate University and my Host School to share information relating to my enrollment and financial aid eligibility.</li> <li>• Maintain satisfactory academic progress.</li> </ul>	<p>I understand that:</p> <ul style="list-style-type: none"> <li>• No funds will be sent to my Host School until this form has been completed by myself, the Host School, and the Fayetteville Sate University.</li> <li>• Any balance currently owed Fayetteville Sate University must be satisfied prior to any financial aid funds being released to my Host School.</li> <li>• I am responsible for any payment due to my Host School prior to the start of classes as my funds cannot, under any circumstance, be released prior to the date my classes begin.</li> </ul>
Student Signature: _____	Date: _____

#### SECTION II: To be completed by the Host School

Enrollment Dates at Host School: _____ to _____.			
Enrollment status while at Host School: ___ <1/2 time ___ 1/2 time ___ 3/4 time ___ full time			
Host School Contact Person(s): _____ / _____			
<b>Address</b>	<b>Telephone</b>	<b>Fax</b>	<b>Email</b>
Cost of Attendance for enrollment period stated above:		Address which funds are to be sent:	
Tuition & Fees:	_____	_____	
Room & Board:	_____	_____	
Books & Supplies:	_____	_____	
Travel:	_____	_____	
Dining:	_____	ATTENTION: _____	
Personal Living Allowance:	_____	_____	
<b>TOTALS:</b>	_____	_____	
<b>The Host School:</b>			
<ul style="list-style-type: none"> <li>• Has accepted this student in a transient/visiting status in an academic program that meets the Title IV student financial aid eligibility requirements</li> <li>• Agrees not to process or award any Federal Title IV aid for this student</li> <li>• Agrees to notify the Fayetteville State University if the student withdraws from the program or decreases enrollment before its conclusion</li> </ul>			

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• Agrees to notify the Fayetteville State University of student aid that the student receives from non-Fayetteville State University sources

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: To be completed by the Home School (Sections I & II must be completed first)**

Approved Financial Aid to be transferred to the Host School:

Award Name:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Aid Eligibility: \_\_\_\_\_

Under this consortium agreement, the Home School:

- Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
- Will make available applicable student consumer information required under Title IV.
- Certifies that the student is making satisfactory academic progress toward the completion of his or her degree, certificate, or recognized credential at the Home School.
- Will calculate returns of Title IV funds, when appropriate.
- Will maintain Title IV record keeping and reporting requirements.
- Agrees to consider this student enrolled in an eligible program of study at the Home School.
- Determines eligibility for financial aid based on the cost of attendance at the Host School.
- Will maintain all records in accordance with federal regulations.
- Will disburse all funds directly to the Host School.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution- (1) one copy each

**Office of Financial Aid  
Office of the Registrar  
Bursar's Office**