



**FINANCIAL AID USAGE FOR STUDY ABROAD**

Student Name \_\_\_\_\_ SFA ID \_\_\_\_\_

**Section A:** To be completed by Study Abroad Program Coordinator

Program: Faculty -led  Exchange  Provider \_\_\_\_\_ Agreement: Yes  No  In progress

Program Name: \_\_\_\_\_ Location: \_\_\_\_\_

Program Dates: Start \_\_\_\_\_ End \_\_\_\_\_ Registered Course Term: Fall  Spring  May   
Summer I  Summer II

SFA Tuition Charged

No SFA Tuition

Course Approval Form: Approved  In progress

Study abroad courses: \_\_\_\_\_

Number of academic credits planning to earn: **Abroad** (transfer credit) \_\_\_\_\_ **SFA** \_\_\_\_\_

Estimated Total Program Cost: \$ \_\_\_\_\_ Payment Amounts and Deadlines: \$ \_\_\_\_\_ / / 20 ;  
\$ \_\_\_\_\_ / / 20 ; \$ \_\_\_\_\_ / / 20 ; \$ \_\_\_\_\_ / / 20

**Study Abroad Program Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section B:** To be completed by Student

**AFFIRMATION OF FINANCIAL AID FUND USE**

\_\_\_\_\_ I agree to use all financial aid resources received from Stephen F. Austin State University to pay any costs charged by the host institution or SFA (may include tuition, fees, room and/or board).

\_\_\_\_\_ I understand that my failure to return this form will result in the loss of all federal and OSA administered institutional financial assistance.

\_\_\_\_\_ I understand that my aid may be adjusted at any time based on Title IV eligibility requirements.

\_\_\_\_\_ I understand that electing to get a paper check refund could cause delays in receiving those funds.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_