

## **University of Central Florida** Office of Student Financial Assistance

## Private (Non-State University System) Program

## STUDY ABROAD CONSORTIUM AGREEMENT

**Instructions:** Please complete the front page of this form indicating the name of the Host Institution you are planning to attend, term and hours of enrollment. Read the Important Facts; attach the appropriate document(s) and then forward to the Financial Aid Office at University of Central Florida.

Part I. Stud	ient information:	(You n	nust answer	each of the f	ollowing questions			
University of Central Florida and Host Institution			are	are herein entering into a consortium agreement for				
				UCF	Student UCF ID			
	Student Name	е		<del></del>		UCFID		
Term you wi	ll be Study Abroad:	Fall	Spring	Summer	Academic Year			
Important	Facts: (After read	ling eac	h fact, pleas	e check off th	ne box to the left.)			
	_		_			nts for approval for transient study aboard ice of Student Financial Assistance.		
		-				ne Host Institution. (Third-Party Programs the Florida Student Assistance Grant)		
0	You must be regis	tered for	the approved	d courses appe	aring on the Non-SUS	Transient Student Form.		
	You must attach a copy of your acceptance letter of the attending program.							
	You are responsib	le for pa	ying fees to th	ne Host Institut	ion.			
	You will be require program that are a	-	•			aw from any classes or the study abroad		
	Financial aid will n	ot be dis	sbursed until a	after the compl	etion of this Study Ab	road Process.		
	A student's SAP st	atus is e	valuated every	y semester to i	nclude newly earned g	grades into their status.		
	** We must have	a comp	leted Consort	tium Agreeme	nt on file by the seme	ester withdrawal deadline **		
			Student	Statemen	t of Compliance	e		
Facts and co	•	nt inforn	nation section	of this agree	ment. I have submitt	e checked all of the boxes under <i>Importan</i> ted legible copies of the Fee Invoice /Class		
Student Signature					- -	Date		

Part II. <u>Student Study Abroad Budget Information</u> : (Part II must be completed by host institution's Financial Aid Office after the ad	d/drop deadline)		
Study Abroad Program Name:			
Study Abroad Term and Academic Year: Fall Spring	Summer	Academic Year	
Student's Status: Undergraduate	Graduate	Non-Florida Resident	
Tuition & Fees	\$		
Program Cost	\$		
Flight	\$		
Passport and/or Visa	\$	<del></del>	
Passport and/or Visa Photo	\$		
Insurance	\$		
Housing			
Housing Deposit		<del></del>	
Meals	_		
Transportation to/from Airport			
Local Transport			
Incidentals/Misc.			
Books & Supplies	·		
Other	\$		
Institution's Cost based on Student's current enrollment:  \$ Host Scho	ol's Federal Sc	hool Code:	
Student's Tuition and Fees	oi s reuei ai sc		<del></del>
\$ Host Scho Cost per Credit Hour	ol's last day to	drop classes:	
Student's Course Enrollment			
Prefix Course Number Course Title			Credit Hours
Statement of Agreement It is agreed by both institutions that only UCF will award and process e of any changes to this student's enrollment. It is agreed that only UCF progress. It is understood that the student is responsible for payment	ligible financial a will be responsil	old for this student. The Host Inst ble for monitoring this student's	
Host Institution Financial Aid Officer Signature	Date		

Non-FL\_StudyAbroad-Rev.19/20

SFAStudyAbroad@ucf.edu

Telephone 407.823.2827

Printed Name and Title

**UCF Study Abroad Coordinator**