STUDY ABROAD BUDGET AND CONTRACT/CONSORTIUM AGREEMENT

<table>
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<tr>
<th>Student Name</th>
<th>Student ID#</th>
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Purpose and Instructions:

This agreement is required by NC State students participating in a study abroad experience that is not NC State affiliated. The student must submit this form to the host institution for completion. The host institution may return the form to the student for submission or submit directly to the Office of Scholarships and Financial Aid at NC State. Receipt of this form is required before any adjustments can be made to a student’s financial aid award for off-campus study.

Host Program Information:

Host Institution: _____________________________________________

Cost of Attendance:  
- Tuition & Fees: $___________  
- Room & Board: $___________  
- Books & Supplies: $___________  
- Airfare: $___________  
- Local Transportation: $___________  
- Required Insurance: $___________  
- Miscellaneous/Personal: $___________  

Expected Enrollment Status:  
- _______ 12+ hours per term  
- _______ 9-11 hours per term  
- _______ 6-8 hours per term  
- _______ 0-5 hours per term

Academic Calendar:  
First Day of Instruction: ______________  
If two semesters, first day of second semester: ____________

Consortium/Contractual Agreement:  

The Home Institution, NC State University, agrees to provide payment to the above named student, if eligible, under Federal Title IV financial aid programs as appropriate for the terms specified above. This student is considered enrolled and degree seeking at NC State University during the aforementioned period.

The Host Institution, _______________________________, agrees not to provide payments from any Federal Title IV financial aid programs for the terms specified above. It further agrees to notify NC State’s financial aid office of any change in the student enrollment status prior to the conclusion of the specified term(s).

_______________________________________________________  _________________________  
Signature of Host Institution Representative    Date

Address and Telephone of Host Institution