NC STATE UNIVERSITY

Return to: Office of Scholarships and Financial Aid
Box 7302, 2016 Harris Hall
Raleigh, NC 27695-7302
Phone: (919) 515-2421
Fax: (919) 515-8422
Email: financialaid@ncsu.edu

STUDY ABROAD BUDGET AND CONTRACT/CONSORTIUM AGREEMENT

Student Name		**Student ID#**	

Purpose and Instructions:

This agreement is required by NC State students participating in a study abroad experience that is not administered by NC State. 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 current financial aid 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