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 COURSE COMPONENT AGREEMENT

Student Name		Student ID#	

Course Information:

The Course Component Agreement is required by students who are required to complete an abroad component of an on-campus NC State course. Although there is no deadline, the Course Component Agreement should be completed as soon as possible AFTER enrolling in the course requiring the abroad component.

Name and number of course for which the abroad experience is required: _____

Term in which you are enrolled for this course (circle one): Fall Spring Summer I Summer II

Student Information:

My signature below confirms that:

- I have read and understand all information contained on this form, my responses are accurate and I have shared this information with my parents if I am a dependent student.
- I will notify the Office of Scholarships and Financial Aid if I withdraw from the class for which this form has been completed. I understand that withdrawing from this class may require repayment of all or a portion of funds already disbursed to me, potentially resulting in a balance owed to the university.
- The course for which this form has been completed is applicable to my degree program at NC State and the abroad component of this class is required (meaning I would not be able to pass the class without participating in the abroad component). If it is later determined that this class is not applicable to my degree, I understand that funds already disbursed to me may be returned, potentially resulting in a balance owed to the university.

Failure to comply with all stipulations stated may jeopardize my eligibility to receive future financial aid funds.

_____ _____
Student's Signature Date

Faculty Advisor's Certification:

My signature below confirms that this abroad experience is required to pass the course indicated above for which the student is currently enrolled and that the program costs indicated below are accurate.

Program Cost: $ _____
(Please attach a list of cost details (estimated airfare, lodging, meals, etc.) if available.)

_____ _____ _____
Printed Name of Advisor Phone Email

_____ _____ _____
Advisor's Signature Date Title/Department