UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid
1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385

2018-2019 Study Abroad Agreement Form

Section A – Student Information (Please print clearly)

Last Name First Name M.I. Email

Street Address City State Zip Code

Study Abroad Program/Destination Name of Study Abroad Advisor/ E-Mail

Check the term that applies: Fall ___ Spring ___ Summer ___ **Hours enrolled per term**: Fall___ Spring ___ Summer ___

This form is to be completed by students who are enrolled in a study abroad program sponsored by the Study Abroad Office or the Office of International Affairs at UIC and wish to request financial aid for his/her semester or year abroad. In order to be considered for an agreement between UIC and the Study Abroad Office or the Office of International Affairs, please submit this form to the Office of Student Financial Aid (OSFA) at UIC along with the following information **prior to your departure**:

► **A copy of your signed course approval form.**

Section B – Study Abroad Student Agreement & Signature

□ I certify that I will enroll for courses abroad that will be accepted as academic credit earned towards my graduation from UIC. Credit earned must be at least a letter grade of D.

□ I certify that I am degree seeking and have not already fulfilled my graduation requirements.

□ I will notify my sponsored study abroad office at UIC and the Office of Student Financial Aid at UIC promptly if I withdraw from my course(s), reduce my enrollment or change my courses. I understand that such actions will affect my financial aid eligibility resulting in my student account at UIC being billed for the aid which I am no longer eligible to receive. This can occur even after I have returned from abroad or graduated depending on the time it takes for my transcripts to be received.

□ I understand that I am responsible for submitting an official academic transcript to the UIC Study Abroad Office or the Office of International Affairs at UIC immediately after my semester abroad.

□ Confirm with your UIC Program Coordinator/ Advisor that there is an agreement between UIC and the Institution where they facilitate the Study Abroad Program.

□ To be eligible for federal student loans, students must be enrolled and earn at least 6 hours (5 hours for the Graduate College and School of Public Health).

□ I understand that Financial Aid is disbursed to the UIC Student Account (if eligible). I am directly responsible for paying the Abroad Program/Institution once I receive my refund.

□ I understand that I must meet Satisfactory Academic Progress (SAP) to be eligible for financial aid. Detailed SAP Policy is available at: http://www.uic.edu/depts/financialaid/sap_policy.shtml

PLEASE NOTE: Approval of this agreement is not automatic or guaranteed. Alternative Loans (which are subject to credit check approval) may be the only financial aid options available. I have read and I agree with the terms and conditions listed above. I understand that if I do not meet the requirements I may not be eligible to receive Federal, Institutional, or State funds to pay for my abroad expenses.

_____

Student Signature **Date**

ENTER YOUR 9-DIGIT **UIN** →

1819 **ABRS-O** **B**