STUDY ABROAD QUESTIONNAIRE

Planned dates of study abroad (Mo/Day/Yr) __________________ through __________________

What is your major? ______________________________________________________________________

In what city and country do you plan to study? ___________________________________________________________________________________

Through whose program are you arranging your study abroad? (Example: ISA, IES, SIT, Butler) __________________________________________. Please indicate “DIRECT ENROLLMENT” if applicable.

Clearly indicate your study abroad program’s enrollment term definitions for the time abroad (Example: Fall II, Fall Semester, Winter I, Intensive Language Month). Complete more than one if applicable.

__________________________________  __________________________________________  __________________________________________

Have you applied to the study abroad program? ______ Have you been accepted? ______

What date will you leave the U.S.?_________  Program payment due date(s)? ________________________

Will you actually be taking courses at a foreign university? ______ If yes, name of the university? ______________________

If you have a choice of living accommodations (dorm, home-stay, etc), what is your choice? ______________________

Do you have a current passport? ______ If not, estimated cost? $_______

Is a Visa needed? ______ If so, estimated cost: $_______

Are any immunizations required for your study abroad program? ______ If so, will your parents’ health insurance or flex benefit program cover those costs? (You may estimate costs, but we’ll need documentation to consider them.)

Will your airfare be part of the program fee billed to you by your organization? ______ If not, estimated round-trip airfare cost: $______ Have you already purchased your ticket? ______

Will your program allow deferred payment of the portion of your charges that would be covered by your Luther College financial aid? ______ If your program uses a specific form for us to designate available financial aid toward the program fee, please submit that form to the Luther College Financial Aid Office. (Most now do want their own forms.)

Web address for program cost information: ______________________

If deposits or payments are due prior to the payment due date, please also give us those amounts and dates due:

$______ due ______________________ In most cases, you will need to pay those deposits yourself. Check this with your program rep.

Important instructions:
1. Attach copies of web information or pages from your catalogs with details on tuition, fees, room and board, estimated personal expenses, local transportation, airfare estimates, payment instructions, etc. Then sign, date, and return this form to the Luther Financial Aid Office as soon as possible.

2. Give the following name and address information to your program representatives as a contact person at Luther:
Kathy Kerber, Luther College Financial Aid Office, 700 College Drive, Decorah, IA 52101, Phone: (563) 387-1018, FAX: (563) 387-2241, Email Address: kerberka@luther.edu

I acknowledge that I am responsible for communicating program information on costs, billing, balances, etc to Luther’s Financial Aid Office and to verify with my program that processes are complete. I will notify the Financial Aid Office if my plans change.

Student Signature ______________________ Date ____________________________________________