

LUTHER COLLEGE

STUDY ABROAD CONSORTIUM/CONTRACTUAL AGREEMENT

Instructions to Student: Complete Part A and submit to the Luther College Financial Aid Office. We will fax it to your study abroad program for completion. The form must be returned to Luther by the appropriate official in order for Luther to confirm financial aid eligibility for the program.

PART A: (To be completed by student)

Student Name _____

I plan to enroll at _____ in _____ / _____ from
(College Name) (City) (Country)

_____ through _____, for the program listed below. If you are studying at a foreign institution, what
(Mo/Day/Yr) (Mo/Day/Yr)

organization is handling the arrangements? _____ .
(ISA, CIEE, Butler Univ., etc.)

I plan to be a full-time student unless indicated here. If not full-time, I will be taking the following course(s):

Please release information as requested below to the Luther College Financial Aid Office. If any additional information is needed prior to providing the information to Luther, please contact me.

Student Signature _____ Date _____

Student Phone Number _____ Email _____

Luther College agrees to act as the student's home institution, accepting transfer credits with grades of C- or above from pre-approved courses in your program as outlined below (approved by our Registrar with prior contact from the student). Luther College will count the student as enrolled for purposes of awarding and disbursing financial assistance.

Instructions to Host Institution and/or Program Representative: Please review the student information outlined above. Complete Part B and Fax page 1 and page 2 to the Luther College Financial Aid Office, at (563) 387-2241. If you have questions, please call (800) 458-8437, extension 1018 or email finaid@luther.edu.

PART B: (To be completed by Host Institution and/or Program Representative)

Has the student's admission to the program/courses listed in Part A been verified? _____

Number of credit hours student proposes to enroll: **(Circle one)** Full-time (12 Semester Credits or Equivalent per Term)
3/4-time (9-11 Semester Credits or Equivalent per Term)
1/2-time (6-8 Semester Credits or Equivalent per Term)

Begin and end dates of the program/courses _____ through _____
(Mo/Day/Yr) (Mo/Day/Yr)

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The cost of education for the student's program is used in determining U.S. Federal Financial Aid eligibility. Please itemize the cost of education below. Check the appropriate line to inform Luther if this is included in the student's billing. If your institution does not bill directly for these items, please provide an estimated cost.

	<u>Amount</u>	<u>Billed Direct</u>	<u>Not Billed</u>
Program Fee or Tuition	\$ _____	_____	_____
Room not in Program Fee	\$ _____	_____	_____
Board/Meals not in Program Fee	\$ _____	_____	_____
Books/Supplies not in Program Fee	\$ _____	_____	_____
Personal Expenses	\$ _____	_____	_____
Local Transportation	\$ _____	_____	_____
Other/Misc. Estimated Expenses*	\$ _____	_____	_____
Estimated Round-Trip Airfare not in Program Fee	\$ _____	_____	_____
Airfare Estimate Point of Origin _____ Destination _____			

* Include costs for out-of-dorm breaks, as well as any other direct charges for fees, insurance, etc. Please itemize what is included.

Our institution agrees to the specified terms outlined in the box on Page 1, Part B. We also agree to inform Luther College if the student withdraws from the program.

 (Signature of Certified Official of Foreign Institution or U.S. Representative) Date _____

Phone _____ Fax _____ Email _____

Financial Aid Office Use: (This form must be signed by program representative to be marked as received)