

LUTHER COLLEGE

Student Name _____

Student ID _____

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: \$ _____

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 for Luther: Luther College Financial Aid Office, 700 College Drive, Decorah, IA 52101, Phone: (563) 387-1018, FAX: (563) 387-2241, Email Address: finaid@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 _____

SC21SAQU

Luther College Financial Aid Office: PH: 563.387.1018 PH: 800.458.8437 finaid.luther.edu

Document Submission Options

Secure Document Upload Portal: liquidfiles.luther.edu/filedrop/Financial-Aid (requires the student's 7-digit Luther ID) or

FAX: 563.387.2241 or EMAIL: finaid@luther.edu or US MAIL: 700 College Drive, Decorah, IA 52101-1045
