

LUTHER COLLEGE

Study Abroad Consortium/Contractual Agreement

Student Name: _____ Luther ID: _____

Part A: To Be Completed by Student

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,
(Mo/Day/Yr) (Mo/Day/Yr)

what 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
(must be handwritten, not typed or electronic)

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?

- Yes
- No

Number of credit hours student proposes to enroll:

- 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)

****PLEASE COMPLETE ALL ITEMS ON PAGE 2****

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 box 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.

	Amount	Billed Direct	Not Billed
Program Fee or Tuition	\$	<input type="checkbox"/>	<input type="checkbox"/>
Room not in Program Fee	\$	<input type="checkbox"/>	<input type="checkbox"/>
Board/Meals not in Program Fee	\$	<input type="checkbox"/>	<input type="checkbox"/>
Books/Supplies not in Program Fee	\$	<input type="checkbox"/>	<input type="checkbox"/>
Personal Expenses	\$	<input type="checkbox"/>	<input type="checkbox"/>
Local Transportation	\$	<input type="checkbox"/>	<input type="checkbox"/>
Other/Misc. Estimated Expenses*	\$	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Round-Trip Airfare not in Program Fee	\$	<input type="checkbox"/>	<input type="checkbox"/>

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 here:

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: _____

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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
