

# NON-CSUF STUDY ABROAD PROGRAM COST ESTIMATE FORM

This form must be accompanied by the **Student Financial Aid Agreement**.

## STUDENT INFORMATION

**(TO BE COMPLETED BY STUDENT)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Program Begin Date: \_\_\_\_\_ (mo/day/year) Program End Date: \_\_\_\_\_ (mo/day/year)

Non-CSUF Program Sponsor Program Name and Location: \_\_\_\_\_ (city, country)

## ESTIMATED EXPENSES

**(TO BE COMPLETED BY HOST INSTITUTION REPRESENTATIVE)**

Program Fee \$ \_\_\_\_\_

Tuition fee (if not included in program fee) \$ \_\_\_\_\_

### Additional Expenses

(only if *not* included in Program Fee)

- Visas/Immunizations/Other Required Documents \$ \_\_\_\_\_

- Roundtrip airfare \$ \_\_\_\_\_

- Room and/or Board \$ \_\_\_\_\_

- Books and Supplies \$ \_\_\_\_\_

- Miscellaneous Living Expenses \$ \_\_\_\_\_

- Other: \_\_\_\_\_ \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## HOST INSTITUTION REPRESENTATIVE PROVIDING THIS INFORMATION

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please return this form and the *Student Financial Aid Agreement* to the CSUF Study Abroad Office. Please make sure both forms have been completed and signed. The Study Abroad Office at Cal State Fullerton will forward both forms to the Financial Aid Office.



## STUDENT AGREEMENT ON REGISTRATION & FINANCIAL AID

**This form to be completed by students using financial aid for non-CSUF study abroad programs that grant transfer credit.**

1. I understand that my aid cannot be processed until I have submitted a completed and signed *Transfer Course Approval Form* to the CSUF Study Abroad Office.
2. I understand that my aid cannot be processed until I submit the signed copies of the *Student Financial Aid Agreement* and *Cost Estimate* Forms from the program sponsor.
3. I understand that my Financial Aid check will be made payable to me and it is my responsibility to directly pay the program sponsor. I understand that CSUF will not make any payments to the program sponsor.
4. I understand that in order to maintain my financial aid eligibility during my period of study abroad I must maintain a course load equivalent to the enrollment status indicated on my Student Financial Aid Agreement.
5. I agree to report immediately any course changes to the CSUF Study Abroad Office while enrolled in the program abroad.
6. I understand that I must repay financial aid (including loans) disbursed through the CSUF Office of Financial Aid if **a)** I drop below half time enrollment during the tuition refund period, **b)** withdraw completely, or **c)** I have failed to bring back the anticipated number of credits.
7. I agree that if credits do not transfer to CSUF within one semester following my participation, my financial aid award will be removed for that semester. As a result, the award I received for this semester will be billed to my student account.

Student's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_