

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 Start Date: _____ (mo/day/year) Program End Date: _____ (mo/day/year)

Non-CSUF Program Name and Location: _____
(program name, city & country)

ESTIMATED EXPENSES

(TO BE COMPLETED BY HOST INSTITUTION REPRESENTATIVE)

Please indicate amounts using U.S. dollars (USD)

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 submit this form and the ***Student Financial Aid Agreement*** as part of your Non-CSUF Study Abroad Program application to CSUF Study Abroad & Global Engagement. Please make sure both forms have been thoroughly completed and signed. Study Abroad & Global Engagement will forward both forms to the Office of Financial Aid.

STUDENT FINANCIAL AID AGREEMENT

This agreement must be completed by a Host Institution Official on behalf of a CSUF student participating in a Non-CSUF sponsored program and must be accompanied by the **Non-CSUF Study Abroad Program Cost Estimate Form**.

Through this agreement, Cal State Fullerton, hereafter referred to as CSUF, contracts with: _____

_____ hereafter referred to as Host, to provide a portion of the education for a degree program of CSUF student: _____, CWID: _____, hereafter referred to as Student.

Non-CSUF Study Abroad Program covered by this agreement

Starting date (mo/day/yr): _____ Finishing date (mo/day/yr): _____

Name and location of program in which the student has been accepted: _____

Select anticipated enrollment and credit status in **U.S. semester units**:

☐ Full-time (12+ units) ☐ Three quarter time (9-11 units) ☐ Half time (6-8 units) ☐ Less than half time (1-5 units)

1. During the period covered by this agreement, for US Federal financial aid purposes, Student will be considered enrolled at CSUF, which will process Federal and State of California financial aid, and will be considered a visiting student at Host. Host will award *no* Federal or State financial aid. If Host awards any scholarships of its own to Student, it will promptly inform CSUF to assure that CSUF does not award funds in excess of Student's financial need. CSUF will disburse financial aid funds directly to Student. Student is responsible for fee payments to the Host.

2. Provided Student has completed all the necessary CSUF documentation and successfully completes courses applicable to Student's specific degree program, CSUF agrees that credit hours earned by Student while attending Host will be accepted toward student's CSUF degree.

3. Host will provide CSUF with a detailed list of costs encountered in the program of study using the **Non-CSUF Cost Estimate Form**.

4. Host will promptly inform CSUF if Student withdraws, is not attending classes regularly, or reduces below the enrollment status indicated above. Such notice will include the last date of attendance or the date of reduction in instructional load.

5. Upon Student's request, Host will send CSUF Study Abroad & Global Engagement a transcript or comparable official written record noting Student's performance in the program. For foreign transfer credits, this record will include course titles, number of credit hours or an equivalent measure, and a grade or comparable indication of Student's performance. It is Student's responsibility to request in writing that the transcript be sent to: **California State University, Fullerton, ATTN: Aileen Vickory, 800 N. State College Blvd., THall 1123 (EIP-GTC-SA), Fullerton, CA 92831, tel. (657) 278-2787.**

6. Host will direct any correspondence pursuant to this agreement to **California State University, Fullerton, ATTN: Aileen Vickory, 800 N. State College Blvd., THall 1123 (EIP-GTC-SA), Fullerton, CA 92831, tel. (657) 278-2787.** CSUF will direct any such correspondence to the name and address of responsible Host office or person below:

Office/person: _____

Address: _____

Telephone: _____

For Cal State Fullerton

Signature: _____

Printed Name: _____

Advisor, Study Abroad & Global Engagement (SAGE)

Date: _____

For Host Institution

Signature: _____

Printed Name: _____

Title: _____

Department: _____

Date: _____

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