UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid
1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126
For College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2011-2012 Study Abroad Agreement Form

Section A – Student Information (Please print clearly)

Last Name First Name M.I. Email

Street Address City State Zip Code

Study Abroad Destination and Term

This form is to be completed by students who are enrolled in a study abroad program sponsored by the Study Abroad Office or the Office of International Affairs at UIC and wish to request financial aid for his/her semester or year abroad. In order to be considered for an agreement between UIC and the Study Abroad Office or the Office of International Affairs, please submit this form to the Office of Student Financial Aid (OSFA) at UIC along with the following information:

► A copy of your signed course approval form.

PLEASE NOTE: Approval of this agreement is not automatic or guaranteed. Alternative Loans (which are subject to credit check approval) may be the only financial aid options available.

Section B – Study Abroad Student Agreement & Signature

□ I certify that I will enroll for courses abroad that will be accepted as academic credit earned towards my graduation from UIC.

□ I certify that I am degree seeking and have not already fulfilled my graduation requirements.

□ I will notify my sponsored study abroad office at UIC and the Office of Student Financial Aid at UIC promptly if I withdraw from my course(s), reduce my enrollment or change my courses. I understand that such actions will affect my financial aid eligibility resulting in my student account at UIC being billed for the aid which I am no longer eligible to receive. This can occur even after I have returned from abroad or graduated depending on the time it takes for my transcripts to be received.

I have read and I agree with the terms and conditions listed above. I understand that if I do not meet the requirements I may not be eligible to receive Federal, Institutional, or State funds to pay for my abroad expenses.

Student Signature **Date**

IMPORTANT: Return this original form to the Office of Student Financial Aid along with all documentation requested. All documentation submitted with this form must:

1. **Have legible copies made on 8 ½ x 11 paper.**
2. **Have UIN clearly printed in upper right hand corner.**
3. **Have all appropriate signatures.**

ENTER YOUR 9-DIGIT **UIN** →

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