

### Institutional Responsibilities to Complete Before a Study Abroad Program

1. I have met with the Director of Study Abroad to verify my eligibility to participate in a study abroad program and was provided copies of the "Study Abroad Checklist" and the "Release & Waiver of Liability Agreement."	Student Initial _____	Director of Study Abroad Initial _____
2. I have received approval for my course equivalencies from my advisor to verify that I will be taking courses which make me eligible to receive federal financial aid. I have kept copies for myself and provided copies to the Director of Study Abroad.	Student Initial _____	Director of Study Abroad Initial _____
3. I understand that I will not receive any institutional aid while studying abroad, aside from the possibility of receiving funds from the Rosalie Frillman Memorial Scholarship. I also understand that this scholarship is one I must apply for in order to receive funds.	Student Initial _____	Director of Study Abroad Initial _____
4. I have spoken with the supervisor of any scholarship programs I participate in to inform them of my absence and inability to participate while I study abroad (e.g. athletic coaches, music performance group directors, academic division chairs, etc.).	Student Initial _____	Supervisor of Scholarship Programs Initial _____
5. I have met with my financial services counselor to discuss the following before studying abroad: filing a FAFSA, submitting any additional documents for federal funds, providing information on the direct costs of my study abroad trip so my cost of attendance can be adjusted.	Student Initial _____	Financial Services Counselor Initial _____
6. My balance with the institution for my current enrolled term must be paid in full before I am able to register to study abroad in my next term.	Student Initial _____	Financial Services Counselor Initial _____
7. I understand my rights and responsibilities as they pertain to paying for my semester abroad. A copy of my Business Office Master Promissory Note has been provided to me as a reminder of these responsibilities.	Student Initial _____	Financial Services Counselor Initial _____

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director's Signature)

\_\_\_\_\_  
(Date)