



Office of Student Financial Aid
 One University Boulevard
 327 Millennium Student Center
 St. Louis MO 63121-4499
 Telephone: 314-516-5526
 Fax: 314-516-5408

Verification of Study Abroad Enrollment

This form requires a signature from your on-site Program/Exchange Director or Registrar. It will only be accepted if mailed or faxed from your foreign address. The completed form must be returned to:

Carol Banks
 University of Missouri-St. Louis
 Student Financial Aid Office
 One University Boulevard
 327 Millennium Student Center
 St. Louis, MO 63121

Fax (314) 516-5408

Current overseas address

Phone Number: (____)_____

This is to certify that _____ has enrolled as a
 full-time student in _____
 for the period from _____ to _____

 Signature of Program/Exchange Director

 Date

 Printed Name

 Title

Study Abroad Financial Aid Application

If you wish to receive any financial aid (grants, loans, or scholarships) for your Study Abroad Program, you must submit this form along with detailed estimate of the cost of your program to Carol Banks in the Student Financial Aid Office.

Name: _____
(Last) (First) (MI)

Student Number: _____

Local Address: _____
(Street) (City) (State) (Zip)

Permanent Phone #: (____) _____ Local Phone # (____) _____

When do you leave: _____ When do you return: _____
Month/date/year Month/date/year

Will the coursework from your program be accepted for credit toward your degree at UM-St.Louis? Yes No (please check one)

What is your expected graduation date? _____

Foreign Address: _____

Foreign phone number: (____) _____

Email: _____

Who is your Power of Attorney? Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone # (____) _____

****IF NOT ENROLLED AT UM-ST.LOUIS

Host Institution Name: _____

Registrar Address: _____
(Street) (City) (State) (Zip)

Phone # (____) _____

Financial Aid Study Abroad Agreement

Name of Student

Student Number

Street Address

City, State, Zip

This agreement for the study abroad financial assistance is made for the period of _____
_____ through _____ for study at _____
_____ University in _____

(Country)

By signing this agreement you accept the responsibility of the following:

- I. You are a regular degree seeking student and expect to receive your degree from UM-St. Louis.
- II. You have a cumulative GPA of 2.5 or better.
- III. You are not currently on financial aid probation.
- IV. Your funds cannot be disbursed any earlier than 5 business days prior to the start of the semester in which you are enrolled.
- V. You must be enrolled in your program and have a complete file before funds can be disbursed and before you receive an emergency loan.
- VI. You are required to send a copy of a transcript of grade report after each semester is finalized. NOTE: If you are attending more than one semester, your financial aid will be held until we see grades for the semester prior to that.
- VII. If you withdraw from a program you are required to contact Carol Banks immediately. It is important for you to understand that if you do withdraw from the study abroad program that it may forfeit your eligibility to receive financial aid. If you fail to meet satisfactory academic progress suspension may also apply. Again, be sure to contact the student financial office to report any change in your enrollment status.

If this study abroad agreement is not signed, it will be assumed that you do not desire financial aid for your study abroad program.

This study abroad agreement is accepted by:

Student Signature

Date

Authorized by Financial Aid Coordinator:

Signature

Date

