

FAX:

E-MAIL:

State University of New York College of Environmental Science and Forestry

Office of Financial Aid and Scholarships

STUDY ABROAD CONTRACTUAL AGREEMENT

- A Study Abroad Contractual Agreement allows SUNY-ESF to process financial aid awards for a student while attending classes at a
 Title IV ineligible foreign academic institution for an approved study abroad program.
- As allowed in Part 668.19, Student Assistance General Provisions, and Part 690.8, Pell Grant Program, Code of Federal Regulations, this Study Abroad Agreement is entered into between SUNY-ESF (home institution), the degree-granting institution, and the foreign host institution, or the Study Abroad Organization acting on behalf of a foreign institution, named below for the purpose of providing federal financial assistance to the student named below.
- All approved financial aid funds will be disbursed directly to the student by SUNY-ESF. It is the student's responsibility to make all
 necessary payment arrangements. Financial Aid funds will not be offered until all required paperwork has been submitted

STEP 1: TO BE COMPLETED BY THE STUDEN	Τ
NAME:	SU ID#:
HOST INSTITUTION:	HOST ORG. (Ex. SFS):
STUDY ABROAD TERM:	DATES AND CREDITS:
	STITUTION OR STUDY ABROAD ORGANIZATION ACTING ON BEHALF OF THE ation for the study abroad term indicated above unless otherwise specified.
TUITION:	FEES:
ROOM:	BOARD:
BOOKS/SUPPLIES:	TRANSPORTATION:
PERSONAL EXPENSES:	OTHER (SPECIFY):
 The Host Institution or organization cell under a termination, show-cause, susp The Host Institution or organization agon the term indicated above. If acting on behalf of a foreign institution the designated foreign institution partion. The Host Institution or organization cell program at the institution for the term SUNY-ESF agrees to monitor the studer and administer refunds according to in 	tifies that the student indicated above is approved to participate in a study abroad indicated. It's program pursuit and satisfactory academic progress, disburse funds to the student, stitutional policy.
NAME:	NAME:
SIGNATURE:	SIGNATURE:
TITLE:	TITLE:
DATE:	DATE:
PHONE:	PHONE:

FAX:

E-MAIL: