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THE UNIVERSITY OF GEORGIA
Office of Student Financial Aid
www.uga.edu/osfa

Form **LNS101**

Return Completed Form To:
Office of Student Financial Aid
220 Holmes/Hunter Academic Building
Athens, Georgia 30602-6114
Fax: (706) 542-8217

Study Abroad Expenses Request Form

Student's Full Name _____ 81 _____ Student's ID

Student's Email Address _____ Student's Telephone Number _____

Study abroad program name _____ Hours you will enroll during program _____

Enrollment Dates of your Study Abroad Program are from _____ to _____

Federal regulations allow the Office of Student Financial Aid (OSFA) to take into consideration study abroad costs for approved courses of study when determining financial aid eligibility. Due to federal student aid program limits, the inclusion of study abroad expenses may not result in additional financial aid eligibility.

Your request cannot be considered unless the OSFA receives all required information.

Please attach *BOTH* of the following:

1. Documentation from your Study Abroad program which lists the costs of the program. If necessary expenses for the program are not included in the program fee, you may submit additional documentation. Please note, documentation must come from official sources, such as estimates provided by the program itself or commercial entities. For example, if airfare is not included in the cost of the program, you may submit a printout of average airfares from a travel Web site or an estimate from the program.
2. If attending a UGA sponsored program, a copy of your letter of acceptance into the program. If attending a non-UGA program, a **completed** copy of the appropriate Office of International Education's Transfer Credit Approval Form which indicates that your coursework will be accepted for credit at UGA. Law students should contact Dr. Paul Kurtz for this information.

Please check **one** of the following:

- ☐ Add the **maximum student loan amounts** to my Award.
- ☐ Add the **maximum student loan and Parent PLUS amounts** to my Award.
- ☐ Add $ _____ in loans to my student financial aid Award.
- ☐ Other _____ (Please specify your request).

If you qualify for additional assistance you will receive a revised Award.

I am requesting my financial aid eligibility be reconsidered based on the attached documentation. I will immediately notify OSFA if my hours of enrollment changes or if I will not be studying abroad.

Student's Signature _____ Date _____

FOR OFFICE USE ONLY (do not write below this line)

COA _____ + Study Abroad Expenses _____ = Adjusted COA _____

TU _____ PF _____ AF _____ BK _____ ME _____

Adjusted by _____ Counselor _____ Date _____ FK _____ YR

Revised: September 19, 2014