

2019/2020 Agreement

All students studying abroad through the University Studies Abroad Consortium (USAC) are required to complete this form. Please see the International Education Coordinator if you have any questions while completing this form.

lame: ID #:			
E-Mail:	Phone Number:		
Address:			
Street	City	State	Zip
Program Name/Host University:		Term(s) Abroad:	
 I understand it is my responsibilit payment for the program I have of a understand that if I drop below return a portion of my Financial A 	chosen to attend. 12 units per semester or		
Student Signature:		Date:	
TO BE COMPLETED BY THE PROGRAM,	/HOST UNIV. STUDY ABR	OAD/FINANCIAL AID OFF	ICER
COST OF THE STUDY ABR By completing this agreement, Universe Stanislaus agree that: USAC certifies that the student during the summer term), will University, Stanislaus if the student University	oAD PROGRAM (Please Aity Studies Abroad Consois enrolled full-time (at lease of the student's enrolled student's enrolled student's enrolled full-time (at lease of the student's enrolled student's enrolled full-time (at lease of the student's enrolled student'	Attach Cost/Budget Inforn rtium (USAC) and Californ east 12 credit hours per se rollment and will notify Ca	ia State University, emester or 6 units alifornia State
 status during the period of students of the status during the period of students of the status during the period of students of the status of t	dy. Is any Title IV funds to the hislaus will maintain all renislaus will accept responder and prect and accept responder acce	ne student during the period cords and monitor satisfa sibility for processing and Plus Loan(s), and Alternat sful completion of the stu	od of this agreement. ctory academic progress disbursing Federal Pell ive Loan(s) the student
	<u> </u>		
Signature of Program Study Abroad/Fir	nancial Aid Officer	Printed Name & Title	Date
Program/Host University Name and Ad	dress		
Telephone Number	Fax Number		 nail

Please Return via Email To: <u>bfentress@csustan.edu</u>