LOYOLA UNIVERSITY NEW ORLEANS CONTRACTUAL AGREEMENT TO STUDY ABROAD

FOR THE	/	AWARD YEAR
I OIL IIIL	,	AWAID I LAI

In order to receive Title IV Financial Assistance funding through Loyola University New Orleans under this Contractual Agreement, the student is required to complete Section I of this form, route it to the proper parties at the school/program the student will be visiting for completion of Section II, and have it returned to Scholarships and Financial Aid at Loyola University New Orleans. Once all sections of this Agreement are completed, the student and host institution will receive copies of this form. The student is responsible for following up with all parties to insure that the Contractual Agreement is completed in a timely manner.

Section I: To be completed by student		
Name:	Social Security Number:	
Home Address:	Home Phone:	
City:Zip:	Campus Phone:	
E-mail address:	Dates at Host Institution: to	
Host Institution/Program:		
Location:		
Statement of Authorization:		
 Submit this form to Loyola University and to my Host Institution for completion. Inform Loyola University immediately if I choose not to enroll or otherwise cancel my participation in this program. Allow Loyola University New Orleans and my Host Institution to share information relating to my enrollment and financial aid eligibility. Enroll in a full course of study. 	 I understand that: My academic dean must approve the courses to be taken at this program for credit towards my degree at Loyola University New Orleans on the "Request for Approval to Study Abroad on a non-Loyola Program." Any balance currently owed Loyola University New Orleans must be satisfied prior to any financial aid funds being released. I am responsible for all payments due to my Host Institution. 	
Student Signature:	Date:	
Section II: To be completed by Host Institution/Program		
Number of Enrolled Credit Hours: Cost of Attendance: Tuition & Fees: Room and Board: Books & Supplies: Travel Allowance: Personal Living Allowance: Special Expenses: (Provide Explanation) Total:	 Certifies student is accepted for enrollment. Agrees not to process or award any Federal Title IV aid for this student. Agrees to notify the Loyola University New Orleans within 14 calendar days if the student withdraws from the program or decreases enrollment below half-time before its conclusion. Agrees to notify Loyola University New Orleans of student aid that the student receives from non-Loyola sources. Agrees to provide a transcript of the student's academic record to Loyola University New Orleans. 	
Printed Name	Title	
Address	City State Zip	
()		
Phone Fax	E-mail Address	
Authorized Signature	Date	

Section III: To be completed by Loyola University New Orlean	ns
Award Name	Amount
	<u> </u>
Total Aid Eligibility:	
Total Ald Liigibility.	
Loyola University New Orleans agrees to: Consider this student enrolled in an eligible program of the control	gram of study at the host institution
Determine eligibility for financial aid based on the state of the	
 Maintain all records in accordance with federal 	
 Disburse all funds to the host institution. 	
Printed Name	Title
T	
Address	
City State Zip	E-mail Address
<u>(</u>))
Phone Fa	x x
Authorized Signature	Date
\sim	