

(SAE) Study Abroad Financial Aid Contract

2024-2025

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____ Date of Birth: _____ / _____ / _____
Month Day Year

Section A: To be completed by the student

Part 1:

1. This contract is for (check **only** one): Fall 2024 Spring 2025 Summer 2025
2. I am eligible for Bright Futures and would like to be paid for the term I am abroad: Yes No
3. Will you receive any scholarships or grants from the host school? Yes No (If yes, list the name, dollar amount and attach proof of the award) _____ \$ _____

Part 2: I understand that:

1. If I am participating in a non-affiliate program USFAS will not process any aid for me, including scholarships and loans.
2. I must provide the Office of Financial Aid with a copy of this completed contract. To upload via Student Self-Service contact the Office of Financial Aid to request 813-974-4700.
3. **I must request official verification of enrollment from my host school and send directly to the Office of Financial Aid after the end of the first week of classes.**
Verification of enrollment must:
 - Be in English, on institutional letterhead,
 - List each class individually; the start and end dates for each class, and;
 - Be signed and dated by an authorized school official**Financial aid cannot be paid until this initial requirement has been met. Enrollment verifications can be uploaded in Student Self-Service or emailed to fastudyabroad@usf.edu.**
4. I must submit a new Study Abroad Financial Aid Contract, if the courses listed on my contract and my verification of enrollment do not match.
5. My financial aid disbursement is based on my course credits that will satisfy an outstanding degree requirement.
6. My abroad credits may not count toward the renewal of my USF scholarship. I must refer to my scholarship award Terms and Conditions in Student Self-Service.
7. I am responsible for requesting an academic transcript be sent to USF Education Abroad Office at the end of each term of my study abroad. Credits taken will not count as earned until my official transcript has been received and processed by USF, which may delay future financial aid payments.
8. Any failing, incomplete and/or missing grades will be treated as unofficial withdrawals and may result in me owing a repayment of financial aid.

Statement of Compliance for Financial Aid Students: My signature below confirms that I have read and clearly understand my responsibilities as stated in Section A; Part 2.

Student Signature (Signature must be handwritten or signed with DocuSign)

Date

Please keep a copy of this contract with you when you leave the country!

Section B: To be completed by an authorized Education Abroad representative

1. Select the program type student will participate in: Exchange Affiliate Non-affiliate

2. Foreign Institution Name: _____ Country: _____

USF Education Abroad Authorized Signature (Signature must be handwritten or signed with DocuSign)

Date

Printed Name

Title

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Student's Name: _____ USF ID: U _____

Section C: To be completed by your USF Academic Advisor

Part 1: Answer the following:

1. This contract is for (check only one): Fall 2024 Spring 2025 Summer 2025
2. Is this student classified as a degree seeking student at USF? Yes No
3. Is this student eligible to register at USF for this term? Yes No

If you answered 'No' to either questions above, DO NOT sign this contract.

This student is not eligible for financial aid administered by USF.

Note: Department Stamp must be provided.

College/Department Stamp

Note: Altered forms will be denied

Part 2: List the study abroad courses you have approved for this student.

Please include other optional courses that the student may enroll in based on course availability.

Host School's Prefix and Course	Course Title	USF Credits	USF Prefix and Course Number	USF Course Title Equivalency	Satisfies outstanding degree requirements?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Altered forms will be denied.

Academic Advisor Certification Statement: By signing this agreement, I certify that the above information is correct and I have approved the student to enroll in _____ courses for a total of _____ hours.

 USF Academic Advisor Signature (Signature must be handwritten or signed with DocuSign) Date Printed Name, Title and Department

2024-2025