STUDENT SECTION (Please complete boxed-in area, then send to your program.)

I understand I must apply for federal financial aid funds through Colby College. I will notify Colby’s Student Financial Services Office if I receive any financial assistance from my program or any other sources. In addition, I will notify Student Financial Services immediately if I decide not to attend the program, withdraw from the program during my period of study, or drop below full-time status. Within 30 days of completing the study away term, I will also provide an official academic transcript to Colby’s Registrar’s Office.

Student Signature: ___________________________ Colby ID #: ________________
Printed Name: ________________________________
Please check applicable semester(s): □ Fall 2016 □ Spring 2017 Anticipated Departure Date: ____________

TO BE COMPLETED BY PROGRAM (Please complete, sign, and return to Colby College.)

PLEASE PRINT

Program Name: _______________________________ Dates: ___________ to ___________
Address: _____________________________________ Phone: _______________________
_____________________________________________ Fax: ________________________
Director: ____________________________ Email: ____________________________

➢ PLEASE CHECK ENROLLMENT STATUS □ Fulltime □ Three-quarter time □ Halftime □ Less than half-time

Please list exact costs in US Dollars for the period of this student’s attendance, if known. Otherwise, give the best estimate currently available.

COST IN US DOLLARS

If your program is providing any grant or scholarship funds to the student, please indicate the amount below:

$ ___________

Personal and Books* (up to $800/semester)

Necessary Local Transportation

Air Fare

TOTAL COST (US Dollars)

TOTAL COST (Foreign Currency)

Currency Exchange Rate (if applicable): ___________

*Colby allows $800 Personal and Books for each approved semester of study away.

The signature of an authorized representative of this program constitutes a consortium/contractual agreement for the purpose of determining US federal aid eligibility. The signature also confirms the program, if ever eligible, has not had its eligibility to participate in US federal student aid programs revoked or terminated, voluntarily or involuntarily, for any reason by any agency, guarantor, the U.S. Department of Education, or any other organization. The program will enroll the student as a non-degree visiting student. Colby College will be responsible for awarding all U.S. federal aid, maintaining records, and calculating the Return of Title IV funds when applicable. The program will notify Colby if it provides the student with any financial assistance, the student withdraws from the program, or changes enrollment status. Satisfactory completion of the program will be confirmed by an academic transcript. If the student is eligible for financial aid and all processing is complete, the funds are sent to the family in two disbursements, one each semester in September and February.

__________________________ Date ____________________________
Signature of Program Director or Authorized Representative

________________________________________________________________________
Printed Name of Program Director or Authorized Representative

RETURN TO: Student Financial Services
Colby College
4130 Mayflower Hill
Waterville, ME 04901-8841

Phone (207) 859-4132
Fax (207) 859-4122
Email sfs@colby.edu

Rev. 03/23/2016