In order for us to calculate your financial aid eligibility, it is necessary to have the costs confirmed by your study away program. Please read the following instructions and information carefully.

1. Please print the accompanying “Study Away Budget Statement and Agreement” (budget form) and complete the student section; then, send the form to your program. Be sure your program returns it to our office as soon as possible. This form is required not only to supply the costs needed for calculating financial aid eligibility, but also to provide the signature of a program official as required by federal regulations. It is required even if the only financial aid a student receives is in the form of student and/or parent loans.

2. If the program away costs less than Colby, financial aid will be reduced accordingly. For higher-cost programs, the aid budget will be capped at Colby’s costs for the purpose of determining grant eligibility. Grant for the semester or year away cannot exceed the amount you would have received on campus for that same time period. The $1,000 Off-Campus Study Fee charged by Colby for each semester away is considered part of the budget when determining your financial aid eligibility.

3. Student Financial Services must be notified of any aid from non-Colby sources, including the study away program.

4. Term-time earnings are considered part of the student contribution and will not be replaced with Colby Grant.

5. Plan for vacation expenses. Financial aid is only available to help with direct educational costs incurred while classes are in session.

6. Application fees, incidental expenses for passports, visas, immunizations, gym/club memberships, etc., are not covered by financial aid.

7. According to federal regulations, we cannot release funds until within 10 days of the first day of classes at Colby. Program fees are paid directly by the student/family to the host institution. Checks for disbursed aid are mailed to the home address in early September and early February for first and second semester respectively. Aid funds that are not finalized as of that time will be disbursed when they become final. Many institutions are agreeable to waiting for the student’s portion that will be covered by aid. However, it is up to the institution so we recommend that you discuss payment arrangements with them as early as possible in your planning process.

8. If we have received the “Study Away Budget Statement and Agreement” and aren’t using estimated costs, we can complete a “Financial Aid Information Sheet” which you can send to your program. This will list the anticipated aid and disbursement date.

9. Families who use the Tuition Payment Plan for paying Colby cannot do so while the student is attending one of these programs. You may check with the host institution to inquire as to what payment plans they might have available. If you will be at Colby for one semester and would like to use the Tuition Payment Plan for that period, please specify the semester when initiating the contract.

10. Students withdrawing from an approved program during the semester, or dropping below full-time status, must notify Colby immediately. They may be responsible for the refund of College and/or federal funds in accordance with College policy and federal refund regulations. Keep in mind that, in general, no student may receive more than eight semesters of aid from Colby.

Please contact Student Financial Services if you have any questions. You may reach us at 800-723-4033, 207-859-4132, or sfs@colby.edu.
**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.

Student Signature: ____________________________   Colby ID #: __________________

Printed Name: ________________________________

Please check applicable semester(s): [ ] Fall 2012 [ ] Spring 2013 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: ____________________________

[ ] FULL-TIME  [ ] THREE-QUARTER TIME  [ ] HALF-TIME  [ ] 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.

<table>
<thead>
<tr>
<th>COST IN US DOLLARS</th>
<th>Required Fees</th>
<th>Room (basic, double occupancy)</th>
<th>Board (3 meals/day, 7 days/week)</th>
<th>Personal and Books* (up to $800/semester)</th>
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*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.

______________________________                          _______________________
Signature of Program Director or Authorized Representative                                                        Date

______________________________
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. 03/26/12 Im  ctc: JYABR