



Study Abroad Office

Campus Library • 650 W. Easterday Avenue, Sault Ste. Marie, MI 49783
Phone: (906) 635-2404 • E-mail: studyabroad@lssu.edu

Please fill out this application packet, and submit it to the Study Abroad Office Mailbox at the Circulation Desk in the Library

Faculty Led Study Abroad Program – CUSTOMIZED FOR YOUR COURSE

STUDY ABROAD In Amsterdam

ECON 200: Economics of Cannabis in Amsterdam

Travel Dates: May 14-25, 2024

Total Cost of \$6,130* includes tuition for 3 credits and course fee

***Subject to change due to flight costs etc.**

Applicant Information

Full Legal Name (as shown on passport) _____

Preferred Name _____

Current Address _____

City _____

State/Province _____

Postal Code _____

E-mail address _____

Phone _____

Alt. Phone _____

Citizenship _____

Date of Birth MM/DD/YYYY _____

Academic Information

Are you currently a LSSU student? Yes, my student ID # _____
 No, my current institution is _____

LSSU Minimum 2.0 GPA required

Current GPA _____ Current Program of Study _____

Class Status: Freshman Sophomore (26-55 credits) Junior (56-87 credits) Senior (88+ credits) Other

Do you meet the pre-requisite requirements as described in the program description? Yes No

Have you been convicted of a misdemeanor or felony? Yes No

If yes, please describe: _____

Do you meet the pre-requisite requirements as described in the program description? Yes No

Application Deadlines

You must submit your completed application by the following deadlines to be registered into the ECON200 Course.

Application Deadline: February 2, 2024

OFFICE USE ONLY

Date Application Received _____

Application Fee Received Yes No

Payment, Deposit and Refund Policies

Course Fees: \$6,130.00 includes tuition, airfare, lodging, transportation and entry to cultural sites.

Application Fee: \$100.00 Due upon application submission. This fee will be applied to the total cost of the course.

Trip Deposit Fee: \$500.00 due by February 2, 2024. This fee will be applied to the total cost of the course.

Payment Due Date: Full cost of course must be paid prior to departure.

Withdrawal & Refunds: Withdrawals must be in writing. Tuition and course fees are refundable under University Refund Policy, if LSSU cancels the course. However, course fees and deposits related to Study Abroad are not refundable if student withdraws.

I have read and understand the Payment, Deposit and Refund Policies as listed above. I understand I will be notified of my acceptance. I understand that Special Course Fees may change due to unexpected increases in airline surcharges. If this occurs, I understand that those fees will be passed on to me.

Signature _____ Date _____

Release of Student Information

During the course of a student's participation in a study abroad program, the Study Abroad Office and Registrar's Office may wish to provide relevant information from the student's educational records to the student's parents or other third parties. Depending on the circumstances, information to be released might include student account information, information about the program in which the student is enrolled, or non-emergency information related to the student health or safety.

Please sign below to indicate that you have read this form and authorize the Study Abroad Office or Registrar's Office to provide relevant information regarding your educational records to your parents and any relevant third parties.

Signature _____ Date _____

(If this section is not signed, no student information other than "directory information" will be released to family members, etc., except in an emergency)

Registration and Financial Aid for Study Abroad Programs

Are you planning to use financial aid as all or part of your funding for this trip? Yes No

Note: Most LSSU aid, including scholarships, grants, waivers, rebates, and Michigan Indian Tuition Waivers, do NOT apply to study abroad programs.

Have you filed a FAFSA for the academic term in which you wish to study? Yes No

Use of Financial Aid for Program Payments

By signing below, I understand that the financial aid for my study abroad program may not be available until the trip start date. I agree to make any non-refundable deposits or payments that are due prior to the start date with other funds or I will provide proof of Financial Aid award that will cover the cost of the program

Signature _____ Date _____

LSSU Study Abroad Course Registration Form

Please complete the information in Section 1. Take this form to your Advisor and academic department for the completion of Section 2. It is your responsibility to discuss your degree plans with your academic advisor to determine how study abroad fits into and affects your degree plan. In some instances, study abroad could delay your graduation. It is up to you and your advisor to determine this and other effects of study abroad and to make decisions accordingly. Turn this completed registration form in to the Study Abroad Office along with your completed application materials.

Once you have been approved for your study abroad program, this form will be sent to the Registrar's Office and you will be registered into the course(s) listed below. Online registration is not available for this study abroad program.

If you decide to withdraw, it is your responsibility to formally drop your course(s). You are required to follow the Add/Drop/Withdrawal Policy as outlined on LSSU's Course Registration Information website at http://www.lssu.edu/scheduling/add_drop.php. If you have any concerns, please contact the Registrar's Office at 906-635-2682.

SECTION 1 - To be filled out by STUDENT (Please Print):

Last Name: _____ First Name: _____ Student ID: _____
 Phone: (____) _____ LSSU Email: _____ Major: _____
 Student Signature: _____ Date: _____ Semester: _____
 (Required)

LSSU COURSE INFORMATION:

Subject	Number/Section	Course Title	Credits
ECON	200	Economics of Cannabis in Amsterdam	3

SECTION 2 – To be completed by ADVISOR / ACADEMIC DEPARTMENT:

How will the course(s) apply toward the student's degree requirements? Will a waiver or course substitution be required for these courses to be used for the student's degree program? If yes, please attach appropriate paperwork. Please add any additional comments (if applicable):

Advisor: _____ Signature: _____ Date: _____
 Dean: _____ Signature: _____ Date: _____

SECTION 3 – PLEASE FORWARD to the Provost's Office if Dean is not available:

Approval – Provost Office: _____ Date of Approval: _____

Registrar's Office Approval: _____

Waiver and Release Agreement

I, _____ am a student at Lake Superior State University ("the University") and have agreed to participate in the University's Study Abroad Education program in _____ from _____ until _____ ("the Program"). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. ____ I have or will secure health insurance to provide adequate coverage (including emergency evacuation and repatriation coverage) for any injuries or illness that I may sustain or experience while participating in the Program. By my signature below (or that of my legal guardian) I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the University, and its employees and agents from any responsibility or liability for any and all expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses. HTH Health Insurance or its equivalent is required for all students.
2. ____ I understand and agree that, although the University will attempt to maintain the Program as described in its publications, it reserves the right to change the Program including, but not limited to, the curricula, instructors, itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that the University, or its employees and agents, shall not be responsible or liable for any expenses or losses that I may sustain because of these changes.
3. ____ I understand and agree that I must comply with all applicable University rules, regulations and policies governing students. I understand and agree that the University reserves the right to dismiss me from the Program at any time should my actions or general behavior, in the sole discretion of the University; be determined to constitute a danger to myself, others, or to the acceptability of the Program to its hosts, or if it is determined that my actions or general behavior impedes or obstructs the progress and objectives of the Program in any way.
4. ____ I understand and agree that there are unavoidable risks in travel overseas, and I hereby release and promise not to sue the University, or its employees and agents, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence of the employees or agents of the University. I also agree to indemnify and defend the University, its Board of Trustees, agents and employees against any liability incurred by them as a result of my conduct.
5. ____ I also understand and agree that I will have to rely upon medical facilities generally available in the locale where I am traveling. The University assumes no responsibility for such health matters.
6. ____ I acknowledge that I have consulted with a qualified medical doctor and that based on that consultation there are no physical or mental health-related reasons or problems which preclude or restrict my participation in the program or which require any accommodation.
7. ____ I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.
8. ____ I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing the agreement; I have the right to consult with the adviser, counselor, or attorney of my choice.
9. ____ I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the Michigan Court of Claims, and be determined by the laws of the State of Michigan.
10. ____ The University shall not be liable or considered in default under this Agreement when the delay of performance, or nonperformance, is caused by circumstances beyond its control and occurring without its fault, including failure of suppliers, subcontractors, and carriers, acts of civil or military authorities, national emergencies, fire, flood, acts of God, riot, natural and/or man-made disaster, civil disturbance, labor dispute, work stoppage/slowdown, insurrection, and war, provided the party invoking this paragraph provides reasonable prompt notice thereof to the other.
11. ____ This agreement represents the complete agreement with the University concerning the University's responsibility and liability for my participation in the Program. This agreement and waiver supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral. This agreement shall not be changed or amended in any way except in writing signed by University Provost and/or the Provost's designated representative and myself (or legal guardian.)
12. ____ I represent that I am at least eighteen years of age, if not, that I have secured below the signature of my parent or guardian as well as my own.

Student

Date

Signature of parent or guardian (If required)

Medical Information and Release Form

Student Name: _____ **ID #** _____

The medical review of this form and acceptance into a program are independent of one another. The purpose of this form is to help the Study Abroad Office to provide appropriate assistance to you should the need arise during your exchange program. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in the study abroad program. The information provided will remain confidential as allowed by law. Relevant information will be shared with the program staff, faculty, or appropriate professionals as it relates to your health and safety. This information is required to coordinate treatment in the event of a medical emergency. Answer "N/A" if not applicable and attach other sheet if necessary.

Disabilities

Please list any special accommodations, if any, that you will require while studying abroad:

Allergies

Medication allergy	Reaction	Treatment, if exposed

Food or environmental allergy	Reaction	Treatment, if exposed

Medications

Please list any medications you are taking on a daily basis

Additional Health Conditions

Do you have any health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program? Yes No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition _____ How often do you have symptoms? _____

Plan for managing this condition while studying abroad: _____

Health and Emergency Agreement

I authorize the release of information contained in this Student Health/Emergency Treatment Authorization Form for access and review by the Director of the Study Abroad Office and the appropriate health care professionals at Lake Superior State University. If further medical information is required, I understand that I will be contacted by a health care professional at LSSU who will ask for a specific release for my personal health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety, it may be discussed in a confidential manner with the director of the Study Abroad Office and appropriate health care professionals representing the host institution.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Lake Superior State University, through its representatives, to secure any necessary treatment. If treatment is not covered under my own health insurance or LSSU's insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Lake Superior State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency, Lake Superior State University may notify my emergency contacts listed on the study abroad application.

I certify that all responses made on this form are complete, true and accurate, and I will notify the Study Abroad Office immediately of any changes in the state of my health. I understand that if I withhold information on this form, I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand participation in the study abroad program is contingent on receipt by the LSSU Study Abroad Office of this completed and signed form.

Signature _____ Date _____

Emergency Contact: Please list two contacts that should be notified in case of emergency

Primary Contact Name _____ **Relationship** _____

Current Address _____ City _____ State/Province _____ Zip Code _____

Home phone _____ Work Phone _____ Cell Phone _____ E-mail address _____

Secondary Contact Name _____ **Relationship** _____

Current Address _____ City _____ State/Province _____ Zip Code _____

Home phone _____ Work Phone _____ Cell Phone _____ E-mail address _____

Confidential Reference Form | 1 of 2

In order for your application to be considered, you will need to have two academic references. These references can be current or former instructors and academic advisors. Please complete Part I of this reference form and give the form directly to the person you wish to use as a reference. If the person is on campus at LSSU, they may send the form directly to the Study Abroad Office via inter-campus mail. If the person is an off-campus reference, please provide them with a pre-addressed envelope to the Study Abroad Office, Lake Superior State University, 650 W. Easterday Avenue, Study Abroad Office, Sault Ste. Marie, MI 49783.

Part I - To be completed by student

Name of Applicant

Date of Request

Name of Study Abroad Program

City

Country

Evaluator's Full Name

Deadline for Request

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature

Date

Part II - To be completed by reference

The above mentioned applicant is applying for a study abroad program as designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form to the Study Abroad Office.

1. Basis and extent of your acquaintance with the applicant.

2. Please indicate the applicant's academic attributes. You may elaborate in the comment section on the next page if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comment section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet if necessary.)

5. Additional comments:

Evaluator's Signature

Date

Printed Name

Position/Title

Office Address

Telephone Number

Confidential Reference Form | 2 of 2

In order for your application to be considered, you will need to have two academic references. These references can be current or former instructors and academic advisors. Please complete Part I of this reference form and give the form directly to the person you wish to use as a reference. If the person is on campus at LSSU, they may send the form directly to the Study Abroad Office via inter-campus mail. If the person is an off-campus reference, please provide them with a pre-addressed envelope to the Study Abroad Office, Lake Superior State University, 650 W. Easterday Avenue, Study Abroad Office, Sault Ste. Marie, MI 49783.

Part I - To be completed by student

Name of Applicant

Date of Request

Name of Study Abroad Program

City

Country

Evaluator's Full Name

Deadline for Request

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature

Date

Part II - To be completed by reference

The above mentioned applicant is applying for a study abroad program as designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form to the Study Abroad Office.

1. Basis and extent of your acquaintance with the applicant.
2. Please indicate the applicant's academic attributes. You may elaborate in the comment section on the next page if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comment section if necessary.

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet if necessary.)

5. Additional comments:

Evaluator's Signature

Date

Printed Name

Position/Title

Office Address

Telephone Number

Instructions to the student: Study Abroad students are required to complete all sections of this form. Once completed, the student must meet with their academic advisor and/or Study Abroad Director to complete Section II. Section III must be sent to the host institution, if applicable, for completion. Once all parties have completed this form, it should be returned to the LSSU Financial Aid Office prior to your departure for study abroad or your financial aid will not be released.

The host institution must be an approved Title IV school, meaning they have a Federal Title IV code and can process Federal Financial Aid. We will not approve a Consortium if it is offered through a broker or agency who is not a Title IV school.

SECTION 1: To be completed by the student

Student Name:	
ID Number:	
Email:	
Semester Abroad:	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
Home Institution:	Lake Superior State University
Program Name:	<input type="checkbox"/> ISA <input type="checkbox"/> (ExS) <input type="checkbox"/> JCMU Destination: _____
Host Institution:	
# of credits you will complete abroad:	

Financial Aid Agreement and Terms:

Initial Here	Terms for Financial Aid Eligibility and Aid Use
	I understand that Federal Aid can only be issued by the home university, LSSU. Any grants or scholarships I receive from my study abroad program or host university must be reported to LSSU.
	I understand that I am responsible for paying any costs charged by the host institution (including tuition, fees, housing, and/or meals) and will use accepted financial aid for this purpose.
	I understand that all of the courses I complete abroad must be approved by LSSU to fulfill degree requirements. Graduation can not be postponed in order to study abroad and receive financial aid.
	I understand that I must maintain good standing with Satisfactory Academic Progress (SAP). My study abroad credits and/or grades will be included when SAP is monitored and calculated. Failing to meet SAP may affect eligibility for all aid.
	I understand that I must maintain my degree-seeking status at LSSU while studying abroad, and that I will be required to maintain my enrollment at both my home and host institution during my study abroad semester.
	I understand that my financial aid refund will be released directly to me and that I am responsible for paying any fees to the host institution. It is my responsibility to take care of any financial obligations at my host institution and meet all deadlines. LSSU <u>will not</u> forward my financial aid to cover any costs associated with my program.
	I agree to comply with all home and host university academic and financial aid policies which includes notifying LSSU of any changes to my registration status at the host university. This includes any changes to my student schedule at the host institution, and any changes to the total number of credits I am enrolled in at my host institution. I understand that failure to do so could result in my ineligibility to access Federal Student Aid in the future as well as recalculation of aid for the study abroad semester. I agree to notify the LSSU Financial Aid Office of any changes to my registration or the total number of credits I am enrolled in overseas.
	I understand that failure to register at the host university for the correct number of credits (courses) could result in a penalty requiring repayment of aid that was already released to me.
	Upon completion of my study abroad program, it is my responsibility to ensure a transcript is sent to my home university. I understand that any existing balance at the host institution must be resolved in sufficient time to allow the receipt and review of my transcript by the 90 th day after the program ends.
	I understand that if I don't transfer a full-time credit load back to LSSU, my aid may be adjusted based on the number of transfer credit hours received and/or my verified attendance in coursework while abroad.
	I have read and understand the Study Abroad FAQs, steps for financial aid, using aid to study abroad found on the Financial Aid website at www.lssu.edu/financialaid .

 Student Signature

 Date

Initial Here	Financial Aid Statements of Understanding
	I understand that my financial aid will not be increased for unanticipated or emergency expenses as it related to my study abroad travel. This includes, but is not limited to living costs associated with being in-country longer than intended for any reason including illness or travel restrictions, or high cost flights/repatriation flights to the student's home country.
	I understand that I must submit and adhere to any safety plans required by Lake Superior State University in order for my request for financial aid to be processed.
	I understand that should there be a disruption in my enrollment, I am required to finish the program remotely or financial aid will be revoked or reduced.
	I understand that university travel guidelines are subject to change and I agree to adhere to any updated requirements as it pertains to my study abroad program.
	I understand that my financial aid refund will be released directly to me and that I am responsible for paying any fees to the host institution. It is my responsibility to take care of any financial obligations at my host institution and meet all deadlines. LSSU <u>will not</u> forward my financial aid to cover any costs associated with my program.
	I understand that my financial aid eligibility is dependent on my registration status at LSSU and my host institution. As a study abroad participant, I will be dual enrolled at both LSSU and my host university during my study abroad semester.

 Student Signature _____ Date

SECTION 2: To be completed in collaboration with your academic advisor or the Director of Study Abroad

Please list the courses you will be taking abroad. In collaboration with your academic advisor, you should list which degree requirement you intend to fulfill with the study abroad course listed. Below are some examples.

(PART 1) Pre-Departure Course Selection: (This section is to be completed prior to departure)

Course at host institution	Transfer equivalency <u>or</u> degree requirement that will be fulfilled at LSSU	Number of credits per course

I verify that the study abroad courses list above will apply towards the student's program of study at LSSU. This section must be signed by either the student's academic advisor or the Director of Study Abroad.

Advisor's Name: _____ Advisor's Signature: _____ Date: _____

(PART 2) FINAL Course Registration: (this section is only required if the courses list above are different from the courses you register for on-site.)

If you register for courses other than what has been listed above, you must send the Lake Superior State University Financial Aid Office an email verifying the courses you will complete through your study abroad program.

Course at host institution	Transfer equivalency <u>or</u> degree requirement that will be fulfilled at LSSU	Number of credits per course

SECTION 3: To be completed by the host institution financial aid office (if applicable)**Consortium Agreement:**

The host school must be eligible to participate in Federal Title IV programs.

- A Study Abroad Consortium Agreement allows LSSU to process financial aid awards for a student while attending classes at an alternate academic institution for an approved study abroad program.
- As allowed in Part 668.19, Student Assistance General Provisions, and Part 690.8, Pell Grant Program, Code of Federal Regulations, this Study Abroad Consortium Agreement is entered into between LSSU (home institution), the degree-granting institution, and the host institution named below for the purpose of providing federal financial assistance to the student named below.
- Except for tuition charges collected for enrollment in a Study Abroad Program at LSSU, all approved financial aid funds will be disbursed directly to the student. It is the student's responsibility to make all necessary payment arrangements.
- Financial aid funds will not be offered until the student has submitted this fully completed form and Study Abroad Estimate Worksheet.

Host Institution:	
Title IV School Code	
Address:	
Phone:	
Semester Abroad:	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
Program Name:	
Dates of Enrollment	From ____/____/____ To ____/____/____
# of credits	

Host Institution Fees:

TUITION: \$_____ FEES: \$_____ ROOM: \$_____ FOOD: \$_____

BOOKS/SUPPLIES \$_____ TRANSPORTATION: \$_____ PERSONAL EXPENSES: \$_____ OTHER: \$_____

- The Host Institution certifies that the student listed has been accepted for enrollment in the program listed above.
- The Host Institution agrees to notify the Home Institution if the student withdraws or has any changes in enrollment from the program before its conclusion. Satisfactory conclusion of the program will be evidenced by the academic transcript upon written request of the student.
- The Host Institution agrees not to process any application for financial aid for the student for the period covered by this Agreement.
- The Host Institution agrees to monitor the student's program pursuit and satisfactory academic progress, disburse funds to the student, and administer refunds according to institutional policy.

Host Institution Representative Signature Date

Home Institution Representative Signature Date

Printed name and title

Printed name and title

This agreement confirms Lake Superior State as the Home School. The Host School will not provide financial aid to the student for the period of attendance reported.

SECTION 4: Student Signature

I certify that I have been admitted into a degree-seeking program at LSSU and wish to take the above courses through study abroad. I verify that the course(s) I am taking at the host institution are applicable to my program of study at LSSU. I understand that if classes taken at the host institution do not apply towards my program of study, my financial aid could be adjusted or cancelled. By signing this agreement, I authorize LSSU and the host institution to release to one another enrollment and transcript information needed to process my financial aid award.

Student's Signature: _____ Date: _____

PLEASE RETURN TO: Lake Superior State University
Financial Aid Office
650 W. Easterday Ave, Sault Ste. Marie, MI 49783
Phone: (906) 635-2146 Email: finaid@lssu.edu

OFFICE USE ONLY: Rec'd by FinAid on: _____ Copy sent to SA on: _____

Instructions to the student: Complete this form to estimate the full cost of your study abroad program.

Return this form to the LSSU Financial Aid Office when you have completed the Costs section. The Financial Aid Office will then estimate your aid eligibility and will email you the worksheet to submit to the Study Abroad Coordinator(s).

SECTION 1: To be completed by the student

Name:	
ID Number:	
Email:	
Semester Abroad:	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
Home Institution:	Lake Superior State University
Host Institution:	
Program Name:	<input type="checkbox"/> ISA <input type="checkbox"/> (ExS) <input type="checkbox"/> JCMU Destination: _____
# of credits you will complete abroad:	

SECTION 2: Complete by student with Study Abroad Coordinator(s) and Financial Aid Office
ESTIMATED CORE FEES

Tuition+ \$ _____

Program fee+ \$ _____

Housing+ \$ _____

Meals+ \$ _____

ESTIMATED VARIABLE FEES

Visa, passport+ \$ _____

Books and supplies+ \$ _____

Airfare+ \$ _____

Local transportation+ \$ _____

Personal expenses+ \$ _____

Miscellaneous fees (insurance, immunizations, ect.)+ \$ _____

TOTAL ESTIMATED COSTS

Core fees + Variable fees= \$ _____

ESTIMATED LSSU FUNDING (FOR THE FINANCIAL AID OFFICE TO COMPLETE)

Estimated grants- \$ _____

Estimated loans- \$ _____

Estimated scholarships- \$ _____

TOTAL ESTIMATED FUNDING= \$ _____

TOTAL ESTIMATED COST (COSTS – FUNDING)

Core fees + Variable fees= \$ _____

 Student Signature Date

 Financial Aid Signature Title Date