LESLEY UNIVERSITY | Let's wake up the world.℠

FINANCIAL AID
Non Affiliated Study Abroad Contractual Agreement

Lesley University students may use an individually arranged Contractual Agreement when attending an institution abroad that is being sponsored by a study abroad organization for a short period of time (e.g., a semester) provided:

1) the student will receive a degree from Lesley University,
2) the course(s) at the Host Institution are equivalent to Lesley University course(s),
3) the course(s) at the Host Institution are approved for full transfer credit toward fulfilling Lesley University degree requirements,
4) the student is only receiving financial aid funding from Lesley University.

With an approved Contractual Agreement, the Lesley University Office of Financial Aid will determine and process a student's eligibility for federal financial aid for the *single semester* covered by the Contractual Agreement. Financial aid funding is limited to the Federal Stafford Loan, Pell Grant, ACG grant and/or any privately sponsored educational loans for which the student may qualify.

You may only receive financial aid from one college or university during the same period of enrollment. If you are participating in a study abroad program and will be working with a study abroad organization that represents one or more schools abroad, you must use this contractual agreement. The Contractual Agreement is used to factor in the tuition costs for courses taken at the Host Institution through the Study Abroad Organization, which will allow Lesley University to properly determine your financial aid award.

Financial Aid funds for which the student is eligible will be processed by Lesley University and disbursed to Lesley University. Any credit balance refund will be released to the student in accordance with federal regulation and Lesley University policy. *The student is responsible for and will be required to pay his/her Host Institution/Study Abroad Organization tuition charges up-front at the time of registration as indicated by the Host Institution/Study Abroad Organization's policy.*

It is the student's responsibility to ensure Sections I, II, and III of the Contractual Agreement are fully completed prior to submitting the form to the Lesley University Office of Financial Aid.

The Host Institution/Study Abroad Organization is required to immediately report any changes in enrollment at the Host Institution to the Lesley University Office of Financial Aid.

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Section I (To be completed by the student):

Student's Name: _____ Social Security Number: _____

Current Lesley Program _____ Anticipated Graduation Date _____

Host Institution/Study Abroad Organization's Name: _____

Intended Enrollment Period (*indicate one semester only*): Fall 20___ Spring 20___ Summer 20 ___

Enrollment Dates (*one semester only*): From_____ To_____

Student Certification:

- I verify that I am only receiving Federal Stafford Loan, Pell Grant, ACG Grant and/or a private educational loan funding as processed by Lesley University.
- I agree to notify the Lesley University Office of Financial Aid regarding any changes in enrollment at the Host Institution.
- Sections I, II, and III have been fully completed prior to my submission of the Contractual Agreement with the Lesley University Office of Financial Aid.
- *I understand that it is my responsibility to pay the Host Institution/Study Abroad Organization's tuition charges up-front at the time of registration as indicated by the Host Institution /Study Abroad Organization's policy.*

Student Signature: _____ Date Signed: _____

Section II (To be completed by the student's Lesley University Academic Advisor):

Is the above student a matriculated at Lesley University? Yes No

Will the student's enrollment be equivalent to a 12 credit/full time enrollment at Lesley College or Art Institute of Boston? Yes No

Will the courses to be taken by the student transfer back to Lesley University towards the student's Lesley degree requirements? Yes No

_____ _____

Academic or Study Abroad/Away Advisor Signature Date

_____ _____

Printed Name Phone Number

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Section III (To be completed by the Host Institution or Third Party Provider / Study Abroad Organization (if applicable)):

Enrollment Period(mm/dd/yy to mm/dd/yy): _____ Number of Credits:_____

Please include Budget Information for the course load listed above (Please indicate in U.S. Dollars):

Total Tuition	
Books/Supplies	
Room	
Board	
Airfare	
Local Transportation	

Study Abroad Organization Certification:

- ❑ The Host Institution/Study Abroad Organization certifies that the above referenced student is enrolled for the period of attendance as indicated and that he or she is considered a visiting student.
- ❑ The Host Institution/Study Abroad Organization agrees that appropriate tuition, fees, and other services provided will be assessed and collected by the Host Institution/Study Abroad Organization.
- ❑ Lesley University will assume responsibility for administering Title IV aid programs and will confirm enrollment before a financial aid check can be disbursed. The Host Institution/Study Abroad Organization's eligibility has not been terminated or voluntarily withdrawn from Federal Student Aid programs.
- ❑ The Host Institution/Study Abroad Organization agrees to notify the Lesley University Financial Aid Office promptly should the student withdraw or drop below full time status before the end of the enrollment period stipulated above.
- ❑ The Host Institution agrees that the their school/organization has never been terminated, withdrew due to administrative action or had their certification and/or recertification revoked or denied for participation in Title IV Federal programs
- ❑ Lesley University agrees to provide payment to the student unless otherwise requested in writing by the student.
- ❑ Lesley University agrees to monitor the student's program pursuit and satisfactory academic progress, and will be responsible for disbursing funds to the student and for administering the appropriate refund policy. It is the student's responsibility to pay any charges at the Host Institution.

Lesley FAO Signature _____

Printed Name _____

Title _____

Date Approved _____

Name of Sponsoring Organization _____

Location of Program (City and Country) _____

Name of Host Institution / _____

Name of Crediting Institution (if applicable) _____

Name of Person Completing this Form _____

Title of Person Completing this Form _____

Telephone Number: _____

E-mail: _____