

OFFICE OF FINANCIAL AID STUDY ABROAD STUDENT CHECK LIST



Student's Name				
Last			First	MI
Student ID		SSN		
Semester/ Aid Year	Fall	Spring	Summer	
I will be studying abroad at (Name of University/Law School):				
ITEM	Completed	Submitted to Financial Aid	Requested	NOTES
FAFSA for Academic Year				
SUMMER FA APPLICATION (if applicable)				
Credit Approval completed for Grad PLUS loan @ www.studentloans.gov				
CONSORTIUM AGREEMENT Requested to have your Host Institution Send to AJMLS/SLS	Yes	No	Not Required AJMLS/SLS is my Home School	
CONSORTIUM AGREEMENT sent from Home Institution to HOST Institution	*The Office of Student Financial Aid (OFA) will ensure this form is sent once final bill and course schedule from HOST institution have been received by the OFA at AJMLS/SLS.			
ENROLLMENT VERIFICATION	*The Office of Student Financial Aid (OFA) will ensure this form is sent once final bill and course schedule from HOST institution have been received by the OFA at AJMLS/SLS.			
FINAL BILL			, , , , , , , , , , , , , , , , , , , ,	
CLASS SCHEDULE				
AID TRANSFER Request Form				
Study Abroad Approval Letter from Academic Dean at AJMLS/SLS				
Acceptance Letter/Enrollment Confirmation from HOST Institution				
Physical Address, phone no., fax no., contact person & email address of Study Abroad Institution				
I verify that I have been approved to Study Abroad by the authorizing school administrator(s) at myHome InstitutionHost Institution and I have registered forcredits for the semester indicated above. All documents required for federal financial aid to be awarded on my behalf have been completed, requested and submitted to the respective departments at myHost InstitutionHome Institution. Student Signature: Date:				