

UNIVERSITY OF WISCONSIN-SUPERIOR
STUDY ABROAD/NATIONAL STUDENT EXCHANGE PROGRAMS

REQUEST FOR FINANCIAL AID REVISION

This form is to be used to assess the additional cost of participation in a program of study off-campus. In order to be considered for adjustments to the standard financial aid award for study abroad, both this form and the Free Application for Federal Student Aid (FAFSA) must be on file with the Financial Aid Office.

Name: _____

Student ID Number: _____ Telephone: _____

1)

Program (check one)	Academic Year	Term of Attendance	# of Credit
____ Wisconsin in Scotland	_____	____ Fall	_____
____ Belize	_____	____ Spring	_____
____ Bosnia		____ Summer	_____
____ China			_____
____ Other (explain) _____			

2) If you selected "other" in #1, please give name and address of school through which you will register:

To be completed by Program Coordinator	Financial Aid Use Only
PROGRAM COSTS	
Tuition	
Room and Board	
Transportation	
Personal	
Books-Supplies	
Study Aboard Insurance	
Campus Study Abroad Fee	
Other (specify)	
TOTAL	
Date of Departure	

Signatures:

Student: _____ Date: _____

Program Coordinator: _____ Date: _____

Transfer Analysis Coordinator: _____ Date: _____

(Admission Office)

Number of approved credits: _____