

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: _____

Program (check one)	Academic Year	Term of Attendance	# of Credit
<input type="checkbox"/> Scotland	2010-11	<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Bosnia		<input type="checkbox"/> Spring	_____
<input type="checkbox"/> China Workshop		<input type="checkbox"/> Summer	_____
<input type="checkbox"/> Nat'l Student Exchange			_____
<input type="checkbox"/> Other (explain) _____			_____

2) If you selected "other" in #1, please give name/address/fax number of institution through which you will register:

FAX: (_____) _____

3) Have you filed the FAFSA for the term you will be away? Yes No
 Are you a Wisconsin resident for tuition purposes? Yes No
 Indicate amount of any WI Study Abroad Grant received in the past: \$_____

To be completed by Program Coordinator	Financial Aid Use Only
ESTIMATED PROGRAM COSTS:	
Tuition	
Room + Food	
Transportation	
Personal	
Books-Supplies	
Study Aboard Insurance	
Campus Study Abroad Fee	
Other--passport/visa/photos	
TOTAL ALLOWABLE EXPENSES	
Add-on non-program travel	
TOTAL COST OF STUDY AWAY	
Date of Departure	

Signatures:

Student: _____ Date: _____

Program Coordinator: _____ Date: _____