

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

Summer 2017

Adjustment to Cost of Attendance for Education Abroad Program(s)

| NAME | | NU ID# |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E-Mail | | |
| | oility for federal financial aid and/or university sch ad program the following items must be completed | olarships while participating in a recognized University of Nebraski d. |
| The Education accepted to Make an appropriate abroad finance. | on Abroad Office should approve the program you the program, complete and return this worksheet pointment with the Office of Scholarships and Fina cial aid advisor. | A) to determine eligibility for federal financial aid programs. u plan to attend or begin the approval process. Once you have be to the Office of Scholarships and Financial Aid. ancial Aid to discuss your financial aid/scholarships with an educat ifice and the Office of Scholarships and Financial Aid prior to |
| Program Itali | 1: Mumpry Studies i | n 81cily |
| Dates of Attendance | 7119-8/5,2017 | Number of Credit Hours for Program 3 |
| | · | 8-week 1st 5-week 2nd 5-week Mini |
| | | |
| Estimated F | rogram Costs | OSFA Office Use Only |
| Tuition/Fees \$ | 997.60 | RegPOA |
| COV Room/Board \$ | 1.905.67 | Program Cost |
| Books/Supplies \$ | included | Minus UNL Cost |
| Travel Expenses \$ | 1,600.00 | Increase |
| Misc. Expenses \$ | 400.00 | Adj. Done/Date |
| Total \$ | 4,253.07 | |
| Nonresident Tuition R | ates Apply | |
| By signing this form, I (the aid prior to the Office of St | student) understand that program costs owed to the Edudent Accounts processing any refund. | lucation Abroad Office will be deducted from my scholarships, state and fer |
| I further understand that fo | r University scholarship eligibility and/or renewability, fi | must validate credits from my study abroad experience. |
| Student Signature | | Date 4/25/201 |
| Education Abroad Offi | as Signatura ADD | MILLO |
| Eudcation Abroad Offi | oe orginature | |
| | | |