

Summer 2018

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

NAME \_\_\_\_\_ NU ID# \_\_\_\_\_

E-Mail \_\_\_\_\_

To determine your eligibility for federal financial aid and/or university scholarships while participating in a recognized University of Nebraska-Lincoln education abroad program the following items must be completed.

1. Complete the Free Application for Federal Student Aid (FAFSA) to determine eligibility for federal financial aid programs.
2. The Education Abroad Office should approve the program you plan to attend or begin the approval process. Once you have been accepted to the program, complete and return this worksheet to the Office of Scholarships and Financial Aid.
3. Make an appointment with the Office of Scholarships and Financial Aid to discuss your financial aid/scholarships with an education abroad financial aid advisor.
4. Complete all documents required by the Education Abroad Office and the Office of Scholarships and Financial Aid prior to departure.

Program UNL Faculty-Led: Spain. Traditions in Catalonia *Design & Making*  
Dates of Attendance 6/9/18 to 7/01/18 Number of Credit Hours for Program 5

I will be registering for my study abroad hours in this session: Pre \_\_\_\_\_ 8-week \_\_\_\_\_ 1st 5-week ☒ 2nd 5-week \_\_\_\_\_ Mini \_\_\_\_\_

Estimated Program Costs

|                 |                     |
|-----------------|---------------------|
| Tuition/Fees    | \$ <u>1,421.75</u>  |
| Room/Board      | \$ <u>4,103.29</u>  |
| Books/Supplies  | \$ <u>see above</u> |
| Travel Expenses | \$ <u>1,600.00</u>  |
| Misc. Expenses  | \$ <u>262.75</u>    |
| Total           | \$ <u>7,387.79</u>  |

Nonresident Tuition Rates Apply ☐ n/a

By signing this form, I (the student) understand that program costs owed to the Education Abroad Office will be deducted from my scholarships, state and federal aid prior to the Office of Student Accounts processing any refund.

I further understand that for University scholarship eligibility and/or renewability, I must validate credits from my study abroad experience.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Education Abroad Office Signature Marnie K. Nelson

| OSFA Office Use Only |           |
|----------------------|-----------|
| Reg. _____           | POA _____ |
| Program Cost _____   |           |
| Minus UNL Cost _____ |           |
| Increase _____       |           |
| Adj. Done/Date _____ |           |