

Pre-Application Study Abroad/Financial Aid Advising Form

Finances are often a significant barrier that prevent students from studying abroad. This form is designed to encourage students to review the estimated costs of a study abroad program they are considering in light of the aid they currently receive. The goal of the form and advising meetings is to provide students with the information necessary to determine the affordability of a particular program.

By signing this form, the student acknowledges that the information on this form represents an ESTIMATE of expected financial aid.

Student Name _____ Student ID _____

Student Signature _____ Date _____

International Programs Office

Please meet with the IPO to complete this column **before** meeting with the Office of Financial Aid.

Program Type

- Exchange Faculty-led
 Provider Hessen

Study Abroad Term

- Fall Winter Spring Summer

Program Name:

Estimated Expenses*

* Amounts may be subject to change

Program Fee	\$
Tuition	\$
UMassD Study Abroad Fee	\$
UMassD Health Insurance	\$
Host Health Insurance	\$
Housing	\$
Meals	\$
Roundtrip Airfare	\$
Books and Supplies	\$
Ground Transportation	\$
Passport	\$
Visa	\$
Personal Expenses	\$
Other:	\$
Total Estimated Expenses	\$

IPO Rep Name _____

IPO Rep Signature _____

Date Reviewed _____

Financial Aid Services

Once the student has completed the column to the left with the IPO, s/he may contact his/her assigned financial aid advisor to request a meeting to discuss specific details.

Student Last Name	Financial Aid Advisor
A – E	Financial Aid Front Desk financialaid@umassd.edu
F – K	Nathan Magnuski nmagnuski@umassd.edu
L – R	Mark Gianni myanni@umassd.edu
S-Z	Christine Mullen christine.mullen@umassd.edu

Estimated Financial Aid*

* Amounts may be subject to change

Pell Grant	\$
Mass Access Grant	\$
Mass Grant	\$
SEOG	\$
Fed Direct Subsidized Loan	\$
Fed Direct Unsubsidized Loan	\$
Private Loan	\$
Other Aid:	\$
	\$
	\$
	\$
Total Estimated Aid	\$
Minus Estimated UMassD Fees	\$
Estimated Aid to Disburse	\$

Financial Aid Advisor Name _____

Financial Aid Advisor Signature _____

Date Reviewed _____