



BEGINNING THE PROCESS FOR STUDENTS STUDYING ABROAD

Determining how much aid you have available to use for your semester abroad:

- ✓ Students should complete the FAFSA application for the award year in which they plan to travel.
- ✓ Students will be awarded for the full academic year based on a full-time enrollment status.
- ✓ We will adjust each students account based on the program-specific information that you provide in the following way:
 1. **Budget (Cost of Attendance):**
 - Increased or decreased based on individual program expenses
 2. **Transferable Aid :**
 - Tuition waivers and federal work study cannot be transferred to these programs and students should verify that any private scholarships that they receive would be applicable to such programs.
 - Direct Loans will be evaluated and increased to the maximum eligibility according to grade level, cost of attendance and other aid.
 - Supplemental student/parent loans can be used to cover remaining balances if student qualifies.
 - No additional grant aid will be awarded.
 3. **Uncovered Balances:** Student is required to pay any uncovered balance to provider based on their specified payment deadlines
 4. **Alternative Scholarship and Loan Resources**
 - <http://www.uml.edu/Alternative>
 - <http://www.uml.edu/international-programs>

DOCUMENTATION REQUIRED FOR TRANSFER OF AID

Upon Acceptance to Program:

- | | |
|---|--------------------------|
| Provide a copy of Acceptance Letter | <input type="checkbox"/> |
| Provide a copy of most current invoice from provider | <input type="checkbox"/> |
| Completed "Student" section of Consortium Agreement | <input type="checkbox"/> |
| Signed and Notarized Power of Attorney Form | <input type="checkbox"/> |
| Submit Financial Aid Verification Worksheet from Program Provider (if required) | <input type="checkbox"/> |
| Copy of Signed Course Prior Approval Form | <input type="checkbox"/> |

Processing Timeline:

All documentation must be submitted to Financial Aid Office 7 days prior to payment deadline from provider. Providers will be notified of the total aid that is approved at the time of request. All supplemental loans must be approved before verification will be issued. All processing requirements must be completed 30 days prior to departure to ensure that payment is made on time.

Contact Information

Tonya Brito, Assistant Director of Financial Aid

Tonya_Brito@uml.edu | Phone: 978-934-2000 | Fax: 978-934-2041



CONSORTIUM AGREEMENT

Date: _____ Student ID: _____
Last Name: _____ First Name: _____
Phone Number: _____ Email Address: _____

This agreement provides the legal basis required by the federal government for the University of Massachusetts Lowell to process Federal Financial Aid (Federal PELL Grant, Federal Supplemental Educational Opportunity Grant (SEOG), Federal Perkins Loan, Federal Stafford Loan, Federal Plus Loan), as well as funding from the state of Massachusetts and/or institutional funding for a student matriculated at the University of Massachusetts Lowell but studying at another University or College for a semester or an academic year.

To be completed by the student

Along with this completed form, submit a copy of your signed **Academic Petition Form** (available at www.uml.edu/forms or at The Solution Center) to the Financial Aid Office at UMass Lowell prior to the end of the add/drop period for the semester in which you are planning to take this course. It is the student’s responsibility to ensure all forms are completed and the host institution is paid according to their policy. *Note: Some institutions may require payment for course at the time of registration.*

Name _____ **SSN # (last 4)** _____
Email: _____ **Phone:** _____

Host Institution Name: _____

Intended Enrollment Semester (Request valid for one semester): Fall 20____ Summer 20____ Spring 20____

Course Start Date: _____ Course End Date: _____

Name of Course(s) to be taken: _____ Credits: _____

_____ Credits: _____

Student Signature: _____ Date: _____



CONSORTIUM AGREEMENT

Student Name: _____ Student SSN: _____

To be completed by the HOST institution

The host institution at which the above student will be enrolled, agrees to provide a transcript of the above student’s academic record to the University of Massachusetts Lowell. The host institution further agrees to notify the University of Massachusetts Lowell, in writing, immediately if the student withdraws from the program and agrees not to pay the student any state, federal or institutional financial aid resources for attendance during the enrollment period listed. Provide cost sheet.

Enrollment Start Date: _____ **Enrollment End Date:** _____ **Total Credits:** _____

Tuition	\$ _____
Fees	\$ _____
Room & Board	\$ _____
Personal / Miscellaneous	\$ _____
Living Allowances	\$ _____
Personal	\$ _____
Books/Supplies	\$ _____
Transportation:	\$ _____
Other:	\$ _____
Total Institutional Charges:	\$ _____

Name	_____	Title	_____
Address	_____	Phone	_____
City, State, Zip	_____		
Email	_____	Fax	_____
Signature	_____	Date	_____



POWER OF ATTORNEY FOR STUDENTS STUDYING ABROAD

KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned, _____
(Full, legal Name), residing at _____
(Full Address), County of _____, Massachusetts, hereby appoint
_____ (Name of selected Agent) of _____(Town/City)
, County of _____ Massachusetts, my true and lawful Attorney-in-Fact (Agent), for me and my
name and stead, and to my use, to endorse any Financial Aid checks payable to my order received in my capacity as
a student of University of Massachusetts Lowell, and to do so and perform all acts necessary in the execution of the
powers hereby granted, as fully as I might do if personally present.

In Witness Where of I have hereunto set my hand and seal this _____ (Date) day of _____ (Month),
in the year _____ (Year).

Student Signature _____

Printed Legal Name _____

Witness Signature _____

Witness Printed Name _____