NORTH CAROLINA CENTRAL UNIVERSITY
Office of Scholarships and Student Aid
Study Abroad Guidelines

Timeline: The processing cycle for Study Abroad is 4 to 6 weeks.

Eligibility: Students who are enrolled at least on a half-time basis in a program that is approved by their department.

General Requirements:
1. Student must have a valid Student Aid Report on file.
2. Must submit to the Scholarships and Student Aid Office an approved Budget and schedule of classes provided by the Office of International Affairs (OIA)
3. Prior to submission, must have registered for at least 6 (undergraduate) or 4.5 (law/graduate) credit hours of study abroad classes.
4. Classes must be coded as STBA (Study Abroad).

Documents required for Processing Study Abroad Application
1. Registered courses must appear in Banner coded as STBA
2. Budget approved by OIA (tuition, fees, room, board, transportation, personal expenses, etc.)
3. Application for Study Abroad and/or Consortium Agreement
4. Request to Transfer Refunds Form
5. Summer School Application (required for studying abroad for May, June or July).
6. Approved Consortium Agreement completed by visiting institution

Please Note:
Financial aid funds may not be disbursed prior to your financial aid commitment to the Study Abroad Program and/or visiting institution in which you are enrolled. It is the student’s responsibility to make payment arrangements with the visiting institution. In order for funds to be transferred, a Request to Transfer Refunds Form must be completed.
APPLICATION FOR STUDY ABROAD AND/OR CONSORTIUM AGREEMENT

Student’s Full Name: ____________________________________________________________

SS#: ______________________________________  Banner ID:______________________________

Address (including city, state, zip):________________________________________________________

Telephone#:___________________________________  Fax#:__________________________________

Email address:_________________________________________________________________________

Study Abroad Address (Study Abroad Consortium Agreement will be submitted to this individual to complete and return to North Carolina Central University. Please ensure that the information reported below is current):

Name:________________________________________________________________________________________

School:_______________________________________________________________________________________

Address (including city, state, zip):_________________________________________________________________

Telephone #:_________________________________________     Fax#:___________________________________

Email address:_________________________________________________________________________________

Study Abroad Coordinator’s Name:_______________________________________________

Telephone #:_________________________________________     Fax#:___________________________________

Email address:_________________________________________________________________________________

Please Note:
It is the student’s responsibility to make payment arrangements with the visiting institution and meet the required payment deadlines. Financial aid will not cover deposits and/or payments required before the scheduled refund dates. In order for funds to be transferred, a Request to Transfer Refunds Form must be completed.

I certify that the information provided on this form is complete and correct to the best of my knowledge. Also, I will notify the Office of Scholarships and Student Aid if I decide not to attend the Study Abroad Program or change my Study Abroad address.

__________________________________________________  ____________________________
Student’s Signature                        Date

North Carolina Central University ~ P.O. Box 19496, Durham, NC 27707
(919) 530-6180, Fax: (919) 530-7959 ~ email: vthorpe@nccu.edu
REQUEST TO TRANSFER REFUNDS

I, ___________________________________, Banner ID ______________________, authorize North Carolina Central University to release the following refund check(s) to ___________________________________________________________.

I understand that these funds will be used to support my participation in the Study Abroad Program at North Carolina Central University.

___________________________________  __________________________
Student’s Signature  Date

For Financial Aid Use Only

Fall:  _____ (yr.) ________  1st Refund of $ __________

_____ (yr.) ________  2nd Refund of $ __________

Spring:  _____ (yr.) ________  1st Refund of $ __________

_____ (yr.) ________  2nd Refund of $ __________

Summer I:  _____ (yr.) ________  1st Refund of $ __________

_____ (yr.) ________  2nd Refund of $ __________

Summer II:  _____ (yr.) ________  1st Refund of $ __________

_____ (yr.) ________  2nd Refund of $ __________

For Student Accounting:

Make Check(s) Payable to: ______________________________________
Address: ________________________________________________________

Send to: ________________________________________________________
Address: ________________________________________________________