

FINANCIAL AID CLEARANCE FORM

Name of Student _____
Last First Middle Initial

I intend to study abroad during the ___ Fall / ___ Spring semester of the _____ academic year.

Country _____ College Abroad _____

Student ID _____

Local Address _____

Permanent Address _____

Local Phone _(_____)_____ Permanent Phone _(_____)_____

E-mail Address _____

Please Note: Students participating in study abroad programs are considered off-campus students. You must meet with a member of the Financial Aid Office to determine how much of your financial aid will be available to you.

Please sign and date this form to acknowledge that you have received this notification and discussed your financial aid package with a member of the SRU Financial Aid Office.

Student Signature: _____

Date: _____

The above-named student has met with me to discuss his/her financial aid package as it applies to the proposed study abroad program.

Salve Regina University Financial Aid Representative:

Signature: _____

Date: _____