BROWN
Office of Financial Aid

Page-Robinson Hall, 2nd Floor
Box 1827, 69 Brown Street
Providence, RI 02912
Tel (401) 863-2721
Fax (401) 863-7575
Financial_Aid@brown.edu

2023 Summer Aid Application

Study Away/Abroad

If you are taking summer courses at an institution outside of Brown, you will be considered for Federal-aid only. Please use the worksheet below to report your estimated costs and to indicate the amount of loan funds you wish to apply for. Please be sure to attach documentation of all the costs reported below. Please note loan availability may be limited due to loan borrowing in the previous academic year or may impact your borrowing ability for the upcoming academic year. **You must be enrolled at least half-time during the summer to be eligible for federal student loans.** If the amount of loan awarded to you is less than requested, the Office of Financial Aid will notify you via email of the revised amount.

Student Information

Student's Name _____ Banner ID _____

Loan Amount Requested _____ Date _____

Check one: Study Abroad ☐ Domestic Study Away ☐

Program Information

Name of Program: Name of Sponsoring Institution:

Location of Program:

Loan Estimation Worksheet

A. Tuition and Fees	$
B. Room and Meals	$
C. Books and Supplies	$
D. Airfare/Travel	$
E. Personal	$
F. Total Cost (sum of lines A through E)	$

Request for a Loan

G. Total summer session cost (line F from above)	$
H. Total outside scholarships and/or grants	$
I. Maximum loan eligibility (line G minus line H)	$
J. Loan amount requested	$

Note:

- A Consortium Agreement is required for all Non-Brown programs
- Dean Approval is required via Ask/Advising Sidekick for CASA, Non-Brown, and Domestic programs

Upload this form to Banner Self-Service. See instructions for more details.

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Study Away/Abroad Consortium Agreement

This form must be completed by the student and his/her host institution for ALL Non-Brown Sponsored Study Away programs (foreign & domestic). Brown University is considered the "home" institution and will be the school which will grant the degree for the student named below. This form serves to document the relationship and financial conditions of the host institution and Brown University in the absence of any pre-established partnership. **Therefore, the two institutions named below are herein entering into a Consortium Agreement for:**

SECTION A: TO BE COMPLETED BY THE STUDENT

Name_____ Banner ID _____ Social Security # _____

Enrollment Status: ☐ Full Time ☐ ¾ Time ☐ Half Time ☐ Other

Home Institution: Brown University Host Institution: _____

SECTION B: TO BE COMPLETED BY HOST INSTITUTION OFFICE OF FINANCIAL AID

Cost of Attendance:

****Please report expenses in US$**

Tuition and Fees _____
Room and Board _____
Travel _____
Books and Supplies _____
Personal _____

TOTAL _____

Enrollment Data:

Status: ☐ Full Time ☐ ¾ Time ☐ Half Time ☐ Other

Starting Date: _____ Ending Date: _____
mm/dd/yyyy mm/dd/yyyy

CERTIFICATION

Brown University will be responsible for determining eligibility for need-based assistance for the above-mentioned student. Payment of any award(s) as a refund is contingent on the student completing all required documents and procedures. Supplemental financial aid application materials must be submitted, and all loans and grants must be fully processed and credited to the Brown University student account, before a refund will be issued. In addition, the student must receive approval from the Brown University Committee on Academic Standing to transfer credits earned during the period of study away.

The Host Institution agrees NOT to provide any financial assistance to the above-mentioned student during the term(s) specified without notifying Brown University. The Host Institution further agrees to notify Brown University of the student's lack of satisfactory academic progress and/or withdrawal from all courses prior to the conclusion of the term(s) specified above.

By signing below, the Host Institution certifies that it has not had its eligibility to participate in the Federal Student Aid programs terminated by the Department of Education or has not voluntarily withdrawn from participation in these programs under a termination, show-cause, suspension, or similar type proceeding.

Signature:

_____
Interim Dean of Financial Aid
Brown University

_____ _____
Host Institution Authorized Signature Institution Name

_____ _____
Printed Name/Title Phone Number

Email Address _____

Please return completed form to: Brown University, Office of Financial Aid, Box 1827, Providence, RI 02912
Fax to 401.863.7575 or scan/email via PDF attachment to financial_aid@brown.edu