

**Concordia University, Irvine**  
**Student Accounts**  
**Study Abroad/Exchange Program Agreement**

Student's Name (please print): \_\_\_\_\_ CUI I.D. Number: E \_\_\_\_\_

Name of Host Institution/Agency: \_\_\_\_\_  
(host institution and city)

Host Institution/Agency Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
(names, email addresses, fax numbers, and phone numbers (with appropriate area codes))

Mailing Address: \_\_\_\_\_  
(street address, city, state and zip code)

Term you are attending (**circle one**) Fall 20\_\_\_\_ Spring 20\_\_\_\_ Official Term Dates \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

Date leaving the U.S. (if applicable) \_\_\_\_\_  
(month/day/year)

Expected Amount of Credit Balance at CUI \$ \_\_\_\_\_

**Please initial each statement indicating that you have read and understand the following statements, policies and guidelines:**

\_\_\_\_\_ I must meet CUI Study Abroad/Exchange Program Requirements

\_\_\_\_\_ I understand that my Financial Aid will only credit to my student account on the first day of classes at CUI, permitted all Financial Aid documents have been completed and approved.

\_\_\_\_\_ I understand I must be enrolled for an equivalent of 12 credits (minimum) during any Fall or Spring semester to receive Financial Aid.

\_\_\_\_\_ If the duration of my study abroad/exchange program changes or I withdraw or I am dismissed from the program, I will notify CUI's Student Accounts Office within three working days of the change. I understand my Financial Aid will be recalculated according to federal regulations; Further, I understand I may be required to pay back my student Financial Aid in full based on this change.

\_\_\_\_\_ I agree to pay my study abroad/exchange program by the date(s) agreed upon with the Study Abroad institution policies.

\_\_\_\_\_ If I am a dependent student, I have shared this information with my family.

\_\_\_\_\_ I understand that I must provide accurate contact information for myself and the program I plan to attend. E-mail addresses, fax numbers, phone numbers (with appropriate area codes), and mailing addresses must be provided. (It is highly advisable that you set up an e-mail account that you can access wherever you plan to attend. That way, you can reach the [Financial Aid](#) and [Student Accounts](#) office at any time by email.)

\_\_\_\_\_ I must provide Student Accounts **proof of registration** prior to the disbursement of any funds.

\_\_\_\_\_ If your parent requested a Parent PLUS loan, your parent must request release of funds and provide specific directions on where the credit balance check is to be sent.

Credit Balance Check should be issued to: \_\_\_\_\_  
In the amount of \$ \_\_\_\_\_

U.S. Address where check is to be mailed: \_\_\_\_\_  
\_\_\_\_\_  
(Mailing address, city, state and zip code)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_