OFFICE *of* SCHOLARSHIPS *and* STUDENT AID
THE UNIVERSITY *of* NORTH CAROLINA *at* CHAPEL HILL
111 Pettigrew Hall, CB #2300
P.O. Box 1080
Chapel Hill North Carolina 27514-1080
T (919) 962-8396 aidinfo@unc.edu
F (919) 962-2716 studentaid.unc.edu

Student's Last Name:_____

First & Middle Names:_____

Student's
UNC-CH Personal ID#: ☐☐☐☐ — ☐☐☐☐☐

Note that all e-Communication will be sent to your official UNC ONYEN email.

Please check the appropriate box:
☐ New Student ☐ Returning Student

STUDY ABROAD ENROLLMENT AGREEMENT

Please complete and return ***ONLY*** if you are a financial aid applicant.

Program Name_____ ☐ Exchange ☐ Non-Exchange
(check one)

City, Country _____

Do you wish to receive additional loans to fund your study abroad program? ☐ Yes ☐ No

Enrollment Period: ☐ Fall ☐ Spring ☐ Both

☐ Summer I ☐ Summer II ☐ Both

I agree to notify the Office of Scholarships and Student Aid immediately if I withdraw or reduce my course load while studying abroad. I am aware that student Visas require that I maintain full-time enrollment and can be revoked if I fail to do so. I also agree to notify the Office of Scholarships and Student Aid of the amount of any refund that I might receive as a result of reducing my course load or receiving additional scholarships. I will provide the exact date that my enrollment status changes. I understand that a change in my enrollment status or funding sources may require repayment of all or a portion of the funds disbursed to me.

_____ _____
Signature of Student Date

FOR OFFICE USE ONLY

NOTES:

Checklist: FSAENR = C

Comment: FSAFAL, FSASPR, FSAYR, Summer is a FANEC Budget:

Acceptance Confirmed ☐ Yes ☐ No

Direct Deposit ☐ Yes ☐ No, emailed? ☐ Yes ☐ No

LCNF ☐ Yes ☐ No, emailed? ☐ Yes ☐ No

Budget: Scholarship: