2017-2018 Education Abroad/Away Cost of Attendance Increase Form

The Student Financial Aid Office develops standard allowances for educational expenses, which are used to determine a student’s eligibility for financial aid. If you will incur additional expenses as a result of your study abroad/away program and wish to be considered for a cost of education increase, please complete this form.

Students participating in the NYC Studio, Florence, ISEP/Kent Exchanges, or the Geneva Program DO NOT need to complete this form. *Examples of Study Abroad/Away: Internships or classes that will incur additional costs such as transportation and/or room & board costs.

Name & Banner ID: ____________________________________________________________

Kent E-mail Address: _______________________________________________________

Check the Semester for Which This Form Applies:

_____ Summer ‘17       _____ Fall ‘17       _____Spring ‘18

Note: the semester corresponds to the semester the grade(s) will be posted to your Kent State transcript

Program Information:

Type of Program *(Short Term faculty-led, Internship, Study Away):__________________________

Name of Program: __________________________________________________________________

Dates of Arrival/Departure: _________________________________________________________

Course Title & Number *(if faculty-led): _______________________________________________

Faculty Member Name: __________________________________________________________________

Faculty Contact Information: _______________________________________________________

Attachments: *Please be sure to attach documentation of the additional costs you will incur, examples include travel expenses, housing costs, a cost sheet from a professor, etc.

Please return form to the Student Financial Aid Office for processing. In most cases the increase allows a student to borrow additional loan funds. It is up to you to apply for any additional funding.

Student Signature: ___________________________ Date: ___________________________

Return to Alana Thompson ahaudo@kent.edu (fax) 330-672-4014

Student Financial Aid
103 Schwartz Center
P.O. Box 5190, Kent, Ohio 44242-0001

OFFICE USE ONLY

New Budget __________ Remaining Eligibility __________

RRAAREQ □ ROAMESG □ RHACOMM □