2018-2019 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 third-party programs that will incur additional costs such as transportation and/or room & board costs.

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Name & Kent State ID number: ______________________________________________________

Kent State E-mail Address: ________________________________________________________

Check the Semester for Which This Form Applies:

_____ Summer ‘18   _____ Fall ‘18   _____ Spring ‘19

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 Away  □ Third Party Program

Name of Program: ________________________________________________________________

Dates of Arrival/Departure: ________________________________________________________

Name of University Abroad (if third party): __________________________________________

Course Title & Number (if faculty-led): _____________________________________________

Faculty/International Advisor Name & Email: ________________________________

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. Third Party programs must also submit a Transfer Course Planning Form and enroll in a placeholder course at KSU.

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Please return form to the One Stop for Student Services 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 the One Stop for Student Services- onestop@kent.edu (fax) 330-672-6001

One Stop for Student Services
University Library, Suite 518
P.O. Box 5190, Kent, Ohio 44242-0001

OFFICE USE ONLY

New Budget ____________  Remaining Eligibility ____________

RRAAREQ □  ROAMESG □  RHACOMM □

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