

**OFF-CAMPUS FINANCIAL AID INFORMATION FORM  
FOR STUDY ABROAD IN A NON-DICKINSON PROGRAM  
FALL 2022 OR 2022-23 ACADEMIC YEAR**

STUDENT NAME \_\_\_\_\_  
(Please print) Banner ID Number

PROGRAM NAME \_\_\_\_\_

U.S. HOST INSTITUTION (**Not** Dickinson College) \_\_\_\_\_

I request that Dickinson College's financial aid office process my federal and/or state financial aid while I am in-absentia **and studying in a non-Dickinson Program**. I understand that, during the period noted above, I will **not** receive Dickinson Grants or Scholarships, Federal Supplemental Opportunity Grants, or Federal Work-Study assistance. I understand that a signed Consortium or Contractual Agreement must be obtained from the financial aid office of the institution I am visiting in order to process federal and/or state financial aid. I give my permission to Dickinson College's financial aid office to obtain this agreement and am providing below the address of the financial aid office of the institution that is sponsoring my off-campus study.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Name of Non-Dickinson Financial Aid Contact

\_\_\_\_\_  
Title

Return to:   Financial Aid Office  
              Dickinson College  
              P.O. Box 1773  
              Carlisle, PA 17013-2896  
              Fax (717) 245-1972

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Institution Address

\_\_\_\_\_  
Institution City, State, Zip

\_\_\_\_\_  
Contact's Telephone Number

\_\_\_\_\_  
Contact's Fax Number

\_\_\_\_\_  
Contact's Email Address