

**OFF-CAMPUS FINANCIAL AID INFORMATION FORM  
FOR STUDY ABROAD IN A NON-DICKINSON PROGRAM  
SPRING 2026**

**DEADLINE: DECEMBER 20, 2025**

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

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

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

I request that Dickinson College's financial aid office process my federal and/or state financial aid while I am **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, Hurwitz Loans, or Federal Work-Study assistance. I understand that a signed Consortium or Contractual Agreement must be obtained from the financial aid office of the school 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 have provided below the address of the financial aid office of the school 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