OFF-CAMPUS FINANCIAL AID INFORMATION FORM
FOR STUDY ABROAD IN A NON-DICKINSON PROGRAM
SPRING 2028

DEADLINE: DECEMBER 20, 2027

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

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

_____
Name of Non-Dickinson Financial Aid Contact

_____
Title

_____
Name of Institution

_____
Institution Address

_____
Institution City, State, Zip

_____
Contact's Telephone Number

_____
Contact's Fax Number

_____
Contact's Email Address