

**OFF-CAMPUS FINANCIAL AID INFORMATION FORM
FOR STUDY ABROAD IN A NON-DICKINSON PROGRAM
FALL 2019 OR 2019-20 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