



# Office of Financial Aid Study Abroad Approval Form

**Last Name**

**First Name**

**MI**

**MGA ID#**

**Instructions:** Complete this form. **Do not leave any blanks.** The program director/academic advisor must complete the anticipated satisfied degree requirements. Sign and date form. Verification of Program Form must be attached. Return to Office of Financial Aid.

Enrollment Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
\_\_\_ Fall, 2023 \_\_\_ Spring, 2024 \_\_\_ Summer, 2024

Sponsoring Institution: \_\_\_\_\_

Are you paying your tuition to the Sponsoring Institution: \_\_\_ Yes \_\_\_ No

**Director of International Programs Name:** \_\_\_\_\_

**Study Abroad City/Country:** \_\_\_\_\_

Do you receive Financial Aid at Middle Georgia State University? \_\_\_ Yes \_\_\_ No

**\*If no, you will need to complete the FAFSA before consideration can be given for federal financial aid study abroad.**

How many hours will you be enrolled? \_\_\_\_\_

<b>Courses:</b>	<b>Semester Hours:</b>

\_\_\_\_\_  
**Student Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Provost Fellow for International Education Signature:**

\_\_\_\_\_  
**Date:**