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? _____

Courses:	Semester Hours:

_____ _____
Student Signature: **Date:**

_____ _____
Provost Fellow for International Education Signature: **Date:**

Please return this completed form to financialaid@mga.edu or, one of our Financial Aid Offices in Macon, Cochran, Dublin, Eastman, and Warner Robins, Georgia OR fax to (478) 471-2790 (Macon), 478-934-3019 (Cochran, Dublin, Eastman), or 478-929-6787 (Warner Robins). If you have questions, please contact us at 478-387-0580 or visit our website at www.mga.edu/financial-aid/index.php.