



Excellence With Caring

Florida A&M University  
Office of International Education and Development  
Study Abroad Programs  
304 Perry-Paige North  
Tallahassee, FL 32307-4100

### FAMUAffiliated Education Abroad Program Financial Responsibility Statement

I, \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_, have applied for and expect to be approved for financial aid through my home school. I expect to receive the following amount(s) of aid through the following source(s):

| Sources of Financial Aid                      | Dollar Amount of Expected Aid |
|---|-------------------------------|
| Grants  |                               |
| Loans   |                               |
| Scholarships                                  |                               |
| Other Financial Contributions                 |                               |
| <b>Total Amount of Expected Financial Aid</b> | <b>\$</b>                     |

I understand that it is my responsibility to monitor my financial aid file and to ensure that all necessary paperwork has been completed before I depart the United States. \_\_\_\_\_  
(Please initial)

I agree that if for any reason I do not receive financial aid funds sufficient to cover my program fees or if my fees are not disbursed or paid to the affiliated institution and or study abroad program, I am fully responsible for the balance incurred for my study abroad program in \_\_\_\_\_.

By my signature below I authorize the affiliated institutions to submit my study abroad program related fees invoice to a collections agency. If full fee payment or appropriate arrangements (veteran's deferment, financial aid or third party payments) are not made by / / a hold will be placed on my student account and academic records which include release of grades, transcripts, and etc.

\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Student (Please print)

Sworn to and subscribed before me by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Name (Please print)

Notary Seal