

*Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.*

APU ID#: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Use this form to request an increase to your Cost of Attendance based on your participation in an approved APU study abroad program.

**A. Study Abroad Program Information**

- **Name of APU Study Abroad Program:** \_\_\_\_\_
- **Study Abroad Term (Please check one):**  Summer B 2017  Fall 2017  Spring 2018  Summer 2018
- **Total units for term including study abroad courses and regular format:** \_\_\_\_\_

**B. Study Abroad Costs**

Please itemize study abroad expenses below (refer to program cost sheet in study abroad application packet):

Program Cost	Amount
Program Fee	\$
Flight/Transportation (if not already included in program fees)	\$
International Medical Insurance	\$
Other: _____	\$
<b>Total amount you are requesting not including tuition*</b>	\$

**Disclaimers:**

- \*Tuition is already included in your cost of attendance. Do not include it on this form.
- Requests to cover out of pocket (personal) expenses will be denied. Personal expenses are already accounted for in the standard budget (<http://www.apu.edu/graduateprofessionalcenter/sfs/costs/attendance/>)
- Additional funds for the trip will disburse at the earliest 1 week before the start of term
- Submitting this form does not guarantee that there will be additional financial aid available for this increase.
- If you do not attend the study abroad program, additional loan funds approved through this form will be returned.
- All requests must be submitted one month prior to your last day of enrollment for review.

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
**Student Signature (Required- No electronic signature)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**MAILING ADDRESS**

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