

Please complete all fields on this form. 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 2018 Fall 2018 Spring 2019 Summer 2019
- 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: _____	\$
Total amount you are requesting not including tuition*	\$

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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