The purpose of this form serves to ensure students understand the impact study abroad will have on their degree progression and that students are aware whether or not the courses taken in a study abroad program will satisfy a degree requirement and therefore, count toward financial aid eligibility.

Important information regarding course offerings: The federal government requires that your financial aid eligibility only be based on those courses that count toward the completion of your degree. To be considered a full-time student for financial aid purposes, you must enroll in 12 credit hours as an undergraduate student (or 9 credit hours as a graduate student) that count toward your degree. To be eligible for most federal grants or loans, you must be enrolled at least half-time in courses that satisfy a degree requirement. Remember, to be eligible for most financial aid, you only need to be enrolled at least half-time (6 hours for undergraduate students and 5 hours for graduate students).

By signing this form I certify that I understand and accept that I am responsible for the duties related to my participation in a study abroad program and authorize the release and sharing of my confidential records among university offices.

If there is the possibility of a change in my current status, I must discuss my case with my academic advisor and program director, otherwise, I may no longer qualify for enrollment, and I may not be eligible for a refund.

This Section to be Completed by the Student

Student Name: ________________________ Program Location: ________________________
ID Number (A#): ________________________ APD: ________________________
TxState Email: ________________________

Proposed Term(s) of Study:
Spring □ year
Summer □ year
Fall □ year

By signing this form I certify that I understand and accept that I am responsible for the duties related to my participation in a study abroad program and authorize the release and sharing of my confidential records among university offices.

If there is the possibility of a change in my current status, I must discuss my case with my academic advisor and program director, otherwise, I may no longer qualify for enrollment, and I may not be eligible for a refund.

/ / / 
Student Signature Date

This Section to be Completed by the Academic Advisor

Course Prefix + Number Satisfies Degree Requirement?
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Student Major: ________________________ Student Minor: ________________________

Advisor Notes:
____________________________________________________
____________________________________________________
____________________________________________________

Advisor Name ________________________ College ________________________
Advisor Signature ________________________ Date / / 
Phone ________________________ E-mail ________________________