



NOVA SOUTHEASTERN UNIVERSITY
 Enrollment and Student Services
 Office of Student Financial Assistance
 3301 College Avenue • Fort Lauderdale, Florida 33314-7796
 (954) 262-3380 • 800-806-3680 • Fax (954) 262-3966

ABROAD



CONTRACTUAL STUDENT AGREEMENT
 Between
NOVA SOUTHEASTERN UNIVERSITY
 and

Name of Host Institution/Organization

Nova Southeastern University (NSU) and the above named institution/organization have entered into a contractual agreement to provide study-abroad programs to NSU students. This agreement is for the participation of:

Name _____

NSU ID _____

Section I: To Be Completed by the Student

By entering into this agreement, I understand that I must:

- be fully accepted into an eligible degree or certificate program at NSU and make satisfactory academic progress as specified by the NSU Satisfactory Academic Progress policy;
- take courses at the host institution/organization that are transferable to my degree or certificate program at NSU;
- submit this completed form to the NSU Office of Student Financial Assistance;
- NOT receive financial aid at the host institution/organization;
- pay the host institution/organization immediately for any financial obligations associated with my attendance for this enrollment period including those obligations which may be due at the time of registration;
- NOT owe money to NSU for prior semester charges;
- agree that payments received during the contractual period will first be applied toward NSU charges;
- repay any financial aid funds for which I become ineligible as a result of changes in my enrollment;
- take courses at the host institution that are listed in Section II of this form. Failure to register for such courses will require the completion of a new Contractual Agreement and may affect financial aid.
- ensure that the host institution/organization sends my official transcript to NSU within 30 days of each enrollment period. If the official transcript is in a language other than English, I must arrange for official translation and pay all associated fees. If a transcript is not received by the deadline, NSU will post a grade of W for coursework listed in this agreement.

In addition, I understand that any financial aid funds for which I may be eligible will be sent directly to me after all obligations to NSU and the host institution/organization have been satisfied and enrollment verified. If I have not already done so, I will submit a completed direct deposit form available online at www.nova.edu/bursar/forms/direct_deposit.pdf for safe and expeditious delivery of these funds, if applicable. If I do not have a checking account, I request that my financial aid refund check be sent to the mailing address below (*must be a domestic U.S. address*):

Street, City, State, Zip

I also understand that NSU institutional scholarship funds will not be paid toward charges incurred at the host institution.

I agree to the terms and conditions as stated in this Agreement.

Student's Signature _____

Date _____

Section II: To Be Completed by the Student's NSU Academic Advisor

Review the student's account to ensure that the student does not have a registration hold and list the course(s) and credit hours the student is taking at the host institution/organization. The course(s) must be accepted by NSU on the same basis as if earned at NSU. The course(s) must be fully transferable to the student's degree or certificate program at NSU.

NSU student account status cleared

_____ Date

Host Institution Course Name, Number, and Credits

NSU Equivalency Course Name, Number and Credits

1. _____
Course Name and Number Credits

_____ Course Name and Number Credits

2. _____
Course Name and Number Credits

_____ Course Name and Number Credits

3. _____
Course Name and Number Credits

_____ Course Name and Number Credits

4. _____
Course Name and Number Credits

_____ Course Name and Number Credits

Percentage of credit hours at the Host Institution/Organization that represents the student's overall degree program _____%

Signature of NSU Academic Advisor

Print Name and Date

Title and Academic Department

Telephone Number and Email Address

Please note: Advisors must submit courses for course equivalency determination immediately upon being notified of class changes by the student.

Section III: To Be Completed by the Host Institution/Organization's Registrar/Registration Office

I certify that

- the above named student has registered for classes totaling _____ number of credits as indicated in Section II. The dates of enrollment from the first day of class to the final exam are _____ to _____;
- the method of delivery that the classes will be given to the above named student (Please describe below):

- my institution/organization will notify the NSU Office of the University Registrar by email to regops@nova.edu within 15 days of the student's last day of attendance if the student officially or unofficially withdraws or drops any classes taken under this agreement; and
- my institution/organization will send an official transcript no later than 30 days after the end date for the course(s) to: Nova Southeastern University, Enrollment Processing Services (EPS), Attn: Undergraduate Admissions, 3301 College Avenue, P.O. Box 299000, Fort Lauderdale, FL 33329-9905. Electronic transcripts may be sent to electronictranscript@nova.edu.

Signature of the Host Institution/Organization's Registrar

Print Name and Title

Telephone Number and Email Address

Date

Section IV: To Be Completed by the Host Institution/Organization's Financial Aid Office

The above named student's cost of attendance is as follows:

Tuition and Fees: \$ _____

Books and Supplies: _____

Room and Board: _____

Transportation: _____

Personal: _____

TOTAL: \$ _____

Currency: U.S. Dollars

- I agree that my institution/organization will not award financial aid to the student for the enrollment period indicated. My institution agrees to verify the student's enrollment for financial aid eligibility and disbursement of funds.*
- I understand that once my institution/organization notifies NSU of the student's withdrawal, NSU will calculate the student's eligibility for financial aid and notify my institution of the results.
- I agree that all Student Financial Assistance (SFA) funds disbursed to my institution/organization determined to be unearned based on the recalculation of the student's eligibility due to changes in enrollment will be returned to NSU for return to the appropriate SFA program(s). All transactions will be reported back to NSU.
- I agree to return this completed Contractual Agreement to NSU at the address located at the top of page 1.

Signature of the Host Institution/Organization's Financial Aid Officer

Print Name and Title

Telephone Number and Email Address

Date

Section V: To Be Completed by the NSU Office of Student Financial Assistance

By accepting this agreement, NSU's Office of Student Financial Assistance agrees to the following:

- Financial aid disbursed by NSU will be based on the student's eligibility for federal, state, and institutional funds and enrollment verified by the host institution/organization.
- All financial aid under this agreement will be disbursed by NSU.
- NSU will monitor the student's Satisfactory Academic Progress (SAP) in accordance with its SAP policy.
- Prior semester NSU charges have been paid in full.

Additional costs that the student will incur over and above NSU Cost of Attendance (if any): \$ _____

Signature of NSU's Financial Aid Officer

Date

Print Name and Title

*NOTE: The NSU Office of the University Bursar will provide to the host institution/organization for completion and return the *NSU Enrollment and Disbursement Verification Form*, when financial aid funds disburse to the student's NSU account.