

PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

2009 - 2010 Study Abroad Agreement

Last Name	First Na	ame	M.I.
Date of Birth	University Student Identification Number (USID) Number provided by the University. This is not your SSN.		
Home Phone Number		Cell	Phone Number
with its policies and proceduregistered under this agreer due with the remainder re-	res. The host instit nent. Financial aid funded to the stud	cution agrees not to provi will be disbursed to the hent. The host institution	for this student in accordance ide financial aid to the student nost institution for the amount on agrees to notify the homen records reporting completion
HOST INSTITUTION NAME AND ADDRESS:		COST OF ATTENDAN	ICE:
		Tuition & Fees	\$
		ROOM & BOARD	\$
		BOOKS & SUPPLIES	\$
		Personal	\$
		Total	\$
TELEPHONE:	Fax:	— AMOUNT DUE	\$
ENROLLMENT DATE: TO		Number of Credit	Hours
HOST INSTITUTION APPROVAL			
SIGNATURE		DATE	
NAME (PRINT)		TITLE	

*Please be sure to attach a <u>copy of your schedule</u> from the Host Institution. We will not process this document without it!

HOME INSTITUTION

Prairie View A&M University

PVAMU Academic Advisor Approval	Financial Aid Counselor Approval
DEPARTMENT:	ESTIMATED AWARD AMOUNT: \$
SIGNATURE:	SIGNATURE:
Name (print):	Name (Print):
Date:	TITLE:

** Please attach a signed copy of <u>The PVAMU approval for Transfer credit Form</u>. We will not process this form without it!

Please return this form and requested documents to:

Office of Student Financial Aid Prairie View A&M University 311 Wille Tempton Memorial Student Center Post Office Box 519; MS 1005 Prairie View, Texas 77446 Telephone: (936) 261 - 1000

Fax: (936) 261-1031 Website: pvamu.edu/faid Allow 10-14 days to process this request.