



Revised: 1/9/20

Office of Student Financial Aid & Scholarships

OFFICE USE ONLY

Contractual Agreement

Student Name: _____ NSHE ID: _____

E-mail Address: _____ Phone Number: _____

Name of Host Institution or USAC program: _____

For which semester(s) are you completing this form? (Check all that apply) Fall Spring Summer

SECTION 1: CRITERIA

The student must:

- 1. Take courses at the Host Institution, which are transferable to their degree program at the University of Nevada, Reno.
2. Be enrolled in a degree-seeking program at the University of Nevada, Reno and make satisfactory academic progress.
3. Submit this completed form to the Office of Student Financial Aid and Scholarships. Once enrollment is verified by the Host Institution (or USAC), financial aid will be disbursed to the student. This will not occur more than 10 days prior to the first day of instruction.
4. Submit grade transcripts from the Host Institution to the Office of Admissions and Records at the end of the semester.
5. NOT be receiving financial aid from the Host Institution.

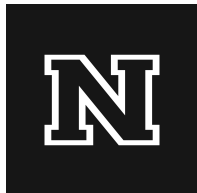
SECTION 2: STUDENT CERTIFICATION

Read the following and check the boxes as you agree, then sign and date in the provided spaces below.

Checklist of certification items with checkboxes: I understand and permit the University of Nevada, Reno and the host institution to share information regarding my enrollment. I understand that any coursework taken at the host institution not previously approved in section 3 of this form may result in the reduction or cancellation of my financial aid. I understand that any changes made after the University of Nevada, Reno's add/drop date may cause my financial aid to be reduced or cancelled. I further understand that if my financial aid is reduced or cancelled, I will be responsible for payment/repayment. I understand that I must notify UNR's Office of Financial Aid and Scholarships of any schedule adjustments at the host institution within 10 business days of the adjustment. I understand that I must provide an official transcript to the University of Nevada, Reno, and that failure to do so may result in the loss of federal, state, or institutional financial aid. I understand that if my transcript is not available by the disbursement date of funds for the semester following my study abroad program, I will be required to complete a transcript acknowledgement form before any financial aid will be disbursed.

CERTIFICATION: I hereby certify and acknowledge that I, the student, understand and agree to abide by all of the checklist items above. I further certify and acknowledge that I understand all of the roles and responsibilities of a student at both the University of Nevada, Reno and the host institution, and accordingly agree remain in full compliance with all rules and regulations. I understand that failure to comply with and/or complete all requirements will render this contract null and void.

Signature: _____ Date: _____



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SECTION 3: COURSES AT HOST INSTITUTION (to be filled out by the student's Academic/Program Advisor at the University of Nevada, Reno)

Enrollment in degree applicable credits is a requirement to receive federal financial aid funds and the Millennium Scholarship. Degree applicable credits are those that meet major, minor, program, and college requirements; or other advisor-approved credits in support of degree objectives.

Provide the requested course information below.

Table with 2 columns: Course Name and Number, Credit Hours. Rows 1-5.

- Yes, the program enrollment meets degree requirements or objectives.
No, the program enrollment does not meet degree requirements or objectives.

Advisor Name: _____ Department/Program: _____
E-mail Address: _____ Phone Number: _____

Signature: _____ Date: _____

SECTION 4: HOST INSTITUTION INFORMATION (to be completed by the host institution)

Provide and attach an itemized listing of costs on institutional letterhead, then complete the following.

If the student will receive financial aid from your institution, provide the source(s) and amount(s) below. If not, write "N/A."

Table with 2 columns: Financial Aid Source(s), Amount(s).

Please indicate the dates of enrollment covered by this agreement below.

Table with 2 columns: Beginning, Ending.

Name of Host Institution: _____

COMPLETE Address: _____

CERTIFICATION: As a representative of OISS and/or USAC, I agree to verify the student's enrollment before any financial aid will be released to the student. I also agree to notify the University of Nevada, Reno's Office of Student Financial Aid and Scholarships if the student withdraws from any classes covered by this agreement.

Name: _____ Title: _____

E-mail Address: _____ Phone Number: _____

Signature: _____ Date: _____