

Study Abroad Enrollment Confirmation for Release of Financial Aid Office of Global Programs

Campus Center 2100

Name of Student (Last, First)

UMB ID #
Field of Study
Email Address

100 William T Morrissey Boulevard, Boston, MA 02125-3393

Phone: 1-617-287-5586
Email: studyabroad@umb.edu

This purpose of this form is to obtain course enrollment confirmation from the Host institution. Submit this completed and signed form, including signature and institutional seal of the abroad institutional/ program coordinator, to the Office of Global Programs by e-mail to studyabroad@umb.edu. This completed and signed form must be received in order to confirm enrollment for disbursement of the student's financial aid eligibility. **To be completed by Student:**

	Institution Attending				
	Country				
	Academic Term and Year				
	Start Date of Program				
	End Date of Program				
To be compl	eted by Host Institution/ Student: (Confirmed enrollm	ent		
Course Code	Course Title	Number of	Was this course included in the		
(if any)		Credits	submitted prior approval form?		
				□Yes	\square No
				□Yes	\square No
				□Yes	□ No
				□Yes	□ No
				□Yes	□ No
				□Yes	□ No
				□Yes	□ No
Student's Signature:			Date:		
Host Institution					
We hereby con	firm that the student has arrived at ou	r institution to begin	enrollment in the c	ourse(s) listed	above.
Institutional/ D	rogram Coordinator Name:			,	
ilistitutioliai/ F	rogram Coordinator Name				
Email Address:				Institutiona	al Stamp/Seal
	•				
Signature: Date:					
C-	shmit completed form to the Office	of Clobal Duogram	a via amail ta atd	wahwaad@	h odu
Submit completed form to the Office of Global Programs via email to studyabroad@umb.edu.					