



**FORT HAYS STATE  
UNIVERSITY**

*Forward thinking. World ready.*

**Financial Assistance Office**

202 Picken Hall (785) 628-4408  
600 Park Street (800) 628-FHSU  
Hays, KS 67601 (785) 628-4014 (fax)  
www.fhsu.edu/finaid

**Participant  
Responsibilities and  
Statement**  
*Study Abroad Program/  
Exchange Program*

I, the undersigned, understand and agree to abide by the conditions stated below, concerning my enrollment and participation in a Study Abroad Program or Exchange Program sponsored by Fort Hays State University.

1. Should I decide to cancel my enrollment for any semester for which I have applied, I must immediately notify the Study Abroad Program Sponsor/Student Exchange Sponsor and the FHSU Financial Assistance Office in writing.

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**ITEMS 2 THROUGH 8 RELATE ONLY TO STUDENTS WHO HAVE APPLIED FOR, ARE PLANNING TO APPLY FOR, OR HAVE BEEN AWARDED ANY FORM OF FINANCIAL AID OR SCHOLARSHIPS.**

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I further understand that if I have applied for or been awarded any form of financial aid through Fort Hays State University, I will abide by the following conditions:

2. I hereby authorize Fort Hays State University to credit the proceeds of my financial aid directly to any outstanding charges I may have. If I anticipate receiving excess assistance, I will discuss disbursement arrangements with the Student Fiscal Services Office. All excess aid will be placed on the student's university card. **I have contacted the bank to confirm that I have a valid bank account and have obtained a PIN number to enable me to use an ATM machine.**
3. I understand that disbursement of aid cannot take place until all holds and fines at FHSU have been cleared. If I am a first-time borrower at FHSU, I understand that I must complete entrance counseling before aid can be disbursed, and, by federal regulation may have to wait 30 days to receive loan proceeds.
4. I also authorize the FHSU Financial Assistance Office to release information regarding my financial aid status to the department of my study abroad sponsor/exchange sponsor.
5. I understand my obligation to contact my sponsor and the FHSU Financial Assistance Office if I cancel my participation in the program.
6. I have read the FHSU Satisfactory Academic Progress Policy Flyer and understand the necessity of maintaining my academic status as defined in that document.
7. I understand that I must transfer my final grades from my Study Abroad/Student Exchange work as soon as possible after the completion of the term or program
8. I agree to abide by all university policies and procedures governing the administration of Federal and State sponsored financial assistance.

**I HEREBY ACCEPT THE CONDITIONS OF PARTICIPATION** IN THE STUDY PROGRAM/EXCHANGE PROGRAM IN WHICH I AM ENROLLED THROUGH FORT HAYS STATE UNIVERSITY, AND ACKNOWLEDGE RECEIPT OF A COPY OF THIS **STATEMENT OF PARTICIPANT RESPONSIBILITIES.**

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Student Signature

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Date



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**Financial Assistance  
Statement**

***Study Abroad Program/  
Exchange Program***

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**Please Print.**

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Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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This student will be enrolled in \_\_\_\_\_  
Name of Program/Location

from \_\_\_\_\_ to \_\_\_\_\_.

**PROGRAM COSTS**

Tuition & Fees	_____
Room	_____
Board	_____
Airfare	_____
Books	_____
Personal	_____
Other (specify)	_____
	_____
	_____

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Program Sponsor \_\_\_\_\_ Date \_\_\_\_\_

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FHSU Director of Financial Assistance \_\_\_\_\_ Date \_\_\_\_\_