



**FORT HAYS STATE
UNIVERSITY**

Financial Assistance Office
Custer Hall Phone (785) 628-4408
600 Park Street Toll-free 1-800-628-FHSU
Hays, KS 67601 FAX (785) 628-4014
www.fhsu.edu/finaid/ finaid@fhsu.edu

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.*

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.

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 understand my loan will be released in two disbursements, the 2nd after the midpoint of the term.
5. 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.
6. I understand my obligation to contact my sponsor and the FHSU Financial Assistance Office if I cancel my participation in the program.
7. I have read the FHSU Satisfactory Academic Progress Policy Flyer and understand the necessity of maintaining my academic status as defined in that document.
8. 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
9. 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.

Student Signature

Date