

OFFICE OF STUDENT FINANCIAL AID
CONTRACTUAL AGREEMENT
Between

LINCOLN UNIVERSITY
And

Host Institution

Lincoln University and the institution named above are herein entering into a contractual agreement for:

Name of Student		
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For which semester are you completing this form: Summer __ ☐ Fall __ ☐ Spring __ ☐

NOTE: *Students must complete this form each semester for which they wish to receive financial aid under a contractual agreement.*

Section I – Student Criteria

The student must:

1. Take courses at the Host Institution, which are transferable to the student's degree program at Lincoln.
2. Be enrolled in a degree-seeking program at Lincoln University, and making satisfactory academic progress as specified by the Lincoln Satisfactory Progress policy.
3. Submit this completed form along with a copy of their registration form from their Host

Section II – To be completed by student's Abroad Advisor

Please list the number of the credit hours for which the student is taking at the Host Institution that are applicable to their program at Lincoln University? **(total credit hours)**

Please list the course code/description and number of credits the student is taking at the Host Institution which are applicable to their program at Lincoln University:

Course Code/Description	# of crs.	Course Code/Description	# of crs.
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

Study Abroad Signature:

Academic Department: Foreign Languages & Literatures

Printed Name: Dr. Abbes Maazaoui

Telephone Number: 484-365-8188
E-mail address: maazaoui@lincoln.edu

Student's Name:
Section III – To be Completed by the Host Institution
Will the student receive financial aid at your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", STOP. Do not complete the remainder of this form: Please sign the form and return it to the student.
<i>If "No", please complete the remainder of this form:</i>

Dates of Enrollment under this Agreement:	Number of Weeks of Instructional Time:
_____	_____
Tuition and Fees	\$ _____
Books and Supplies	\$ _____
Room and Board	\$ _____
Transportation	\$ _____
Other	\$ _____
Total	\$ _____

Lincoln University's Office of Student Financial Aid will be notified within 15 days by the Host Institution if the student withdraws from any classes taken under this agreement. Yes ☐ No ☐

Host School's Financial Officer's Signature:	Please Print Name:
Telephone Number:	E-mail Address:
	Date:

Please return this form to:

Lincoln University
Office of International Programs & Services
1570 Baltimore Pike ó Lincoln Hall 208
Lincoln University, PA 19352
Office Phone # (484) 365-7784 Fax: (484) 365-7822

Comments: