

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name: FGC at Harlaxton College Program Term: Summer 2024--B6 semester

Program Leaders: Dr. Michael Baker & Professor Lisa Co

Please take this form along with you as you meet with your academic advisor and financial aid specialist. Be sure to ask them any pertinent questions so you can be well-informed before committing to join the FGC at Harlaxton College Summer 2024 study abroad program.

**Academic Advisor** (academic advisor should initial in the space below and designate courses the student has agreed to enroll in during the study abroad program)

\_\_\_\_\_\_\_\_\_\_ I have consulted with the aforementioned student concerning participation and the earning of course credit in the study abroad program. We have decided that the aforementioned student should enroll in the following six (6) credit hours\* during this study abroad experience:

Course 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Program leaders strongly suggest the following courses: ART 1300C and LIT 2000; substitutions may be made only with prior approval from program leaders.

**Financial Aid Specialist** (financial aid specialist should initial in the space below)

\_\_\_\_\_\_\_\_\_\_ I have consulted with the aforementioned student concerning financial aid and other funding options for this study abroad program. The aforementioned student and I have discussed a clear financial plan. I have informed the student that his or her academic progress and/or enrollment changes, such as dropping courses or failing to meet Satisfactory Academic (SAP), could result in the loss of financial aid eligibility.

\_\_\_\_\_\_\_\_\_\_ I understand the discussion of financial aid options is not intended to guarantee the award   of aid.

**Student** (please print this form, then initial each statement individually and sign at the bottom of this page to confirm your commitment to participate in the FGC at Harlaxton College Summer 2024 study abroad program)

\_\_\_\_\_\_\_\_\_\_\_ I have met with my academic advisor and financial aid specialist and understand the academic and financial responsibilities associated with my participation in the study abroad program.

\_\_\_\_\_\_\_\_\_\_\_ I understand that I am responsible for registering for the courses designated by my academic advisor once Summer 2024 registration begins on April 1, 2024. Should I choose to enroll in different courses, I must first seek approval from my program leaders.

\_\_\_\_\_\_\_\_\_\_\_ I understand that I am responsible for submitting all non-refundable payments of program fees in full according to the payment schedule included on the summary of costs information sheet. Failure to make payments in full or on time could result in my removal from this study abroad program.

\_\_\_\_\_\_\_\_\_\_\_ I understand that should I choose to withdraw or cancel from this study abroad program, I may still be liable for program fees per FGC’s withdraw/cancellation refund policy.

I have thoroughly considered this endeavor and commit to participating in the FGC at Harlaxton College Summer 2024 study abroad program.

Student Legal Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Legal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Original copies of these forms will be retained by program leaders for Florida Gateway College records. Students may request a scanned copy returned via email to the student.*