# VILLANOVA UNIVERSITY SCHOOL OR LAW
# STUDY ABROAD INFORMATION FORM

**Pease remember to SIGN and return this form to the Villanova Law School Office of Financial Aid.**
Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

**If you are interested in participating in a Study Abroad program through either Villanova Law School or another school, please complete Section I OR Section II as applicable. This information must be received before any financial aid can be processed for you.**

Name:_____ Banner ID#:_____

**Section I**

_____ **I plan on attending a Study Abroad program through Villanova Law School**

Name of Program _____

Study Abroad Terms: _____Summer 20__ _____Fall 20__ _____Spring 20__

**OR**

**Section II**

_____ **I plan on attending a Study Abroad program through another school. If the Study Abroad program is through another school and NOT Villanova Law School, please complete the following information:**

**HOST SCHOOL INFORMATION:**

Host School Name:_____ Name of Study Abroad Program:_____

Study Abroad Terms: _____Summer 20___ _____Fall 20___ _____Spring 20___

**Contact Person at host school who will be responsible for completing the Consortium Agreement:**

Name:_____ Title:_____

Address:_____

Telephone:_____ Fax: _____

Email Address:_____

**Student will be responsible for paying the tuition and fees to the host school.**

**In order to facilitate the receipt of your study abroad funds and avoid delays, it is strongly recommended that you sign up for direct deposit as soon as possible. Student acknowledges that he/she understands that extra processing time may be required to process study abroad funds; therefore, the student must be prepared to cover all advance costs and expenses and be ready for any potential delays in receiving funds.**

Student Signature:_____ Date:_____