



## INTERNATIONAL HEALTH ELECTIVE - REQUEST FOR FINANCIAL AID

NAME:

NUID:

To determine your eligibility for federal student aid to participate in a recognized University of Nebraska Medical Center International Health Elective Program, the following items need to be completed:

1. The Free Application for Federal Student Aid (FAFSA) must be on file for the current academic year to determine eligibility for federal student loan programs. If FAFSA is not on file, this request will not be considered.
2. Approval from your academic department to participate in the program. Once approved and accepted, submit this form to the Office of Global Engagement, Williams Science Hall (WSH) 2nd floor. Upon approval from the Office of Global Engagement, submit this form to the Office of Financial Aid, WSH Suite 2.0.020.

I will be attending \_\_\_\_\_ in \_\_\_\_\_  
 from \_\_\_\_\_ to \_\_\_\_\_ and will be enrolled for \_\_\_\_\_ credit hours.

### PROGRAM COSTS

Travel Expenses \$  
 (include a copy of receipt for airfare)

Misc. Expenses \$  
 (immunizations, passports, etc.)

Total Expenses \$

I agree to have my aid package increased by \$ \_\_\_\_\_ (total expenses or lesser amount). I understand that I may be required to complete additional loan requirements to receive this funding and I further understand the Office of Financial Aid will email instructions to my UNMC email account if needed.

Student Signature: \_\_\_\_\_

Date

OGE Coordinator's Signature: \_\_\_\_\_

Date