

Student's Name:	Student ID#:
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Section III – To be completed by the Host Institution

Will the student receive financial aid at your institution? Yes No

If "Yes", STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.

If "No", please complete the remainder of this form:

Dates of Enrollment under this Agreement	Number of Weeks of Instructional Time
___/___/___ to ___/___/___	_____ (total weeks)
Tuition	\$ _____
Fees	\$ _____
Room	\$ _____
Board	\$ _____
Health Insurance	\$ _____
Personal Property Insurance	\$ _____
Transportation (airfare)	\$ _____
Books & Supplies	\$ _____
Miscellaneous	\$ _____
	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 or type name
Telephone Number / Email Address	Date

Please return this form to:

**Lincoln University Office of International Programs & Service
1570 Baltimore Pike Lincoln University, PA 19352**