



**CARSON-NEWMAN UNIVERSITY**  
**CONTRACTUAL AGREEMENT TO STUDY ABROAD FOR NON-C-N PROGRAM (CASA)**  
**[CITE: 34CFR668.39]**

In order to receive Title IV Financial Assistance funding through Carson-Newman University under this Contractual Agreement, the student is required to remain enrolled as a regular student in an eligible program at Carson-Newman and program be approved for academic credit. The student is required to complete Section I of this form, route it to academic dean/advisor to complete Section II, and then forward to the proper parties at the school/program the student will be visiting for completion of Section II and have it returned to Office of Financial Assistance at Carson-Newman University. Once all sections of this Agreement are completed, the student and host institution will receive copies of this form. **The student is responsible for following up with all parties to insure that the Contractual Agreement is completed in a timely manner. Carson-Newman scholarships/grants are not available for this type of study abroad.**

**Section I: To be completed by student**

Name: \_\_\_\_\_ CN ID Number: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Host Institution/Program: \_\_\_\_\_ Dates at Host Institution: \_\_\_\_\_ to \_\_\_\_\_  
 Host Location: \_\_\_\_\_ Host Website Address: \_\_\_\_\_

**Statement of Authorization:**

I agree to:

- Submit this form to Carson-Newman University and to my Host Institution for completion.
- Inform Carson-Newman University immediately if I choose not to enroll or otherwise cancel my participation in this program.
- Allow Carson-Newman University and my Host Institution to share information relating to my enrollment and financial aid eligibility.
- Enroll in at least 1/2time course of study.
- My financial aid being disbursed directly to my student account.
- Electronic processing of assistance and electronic communication with regards to my financial aid.
- Make arrangements for payment of program if payment is required in advance of aid disbursements

I understand that:

- My academic dean/advisor must approve the courses to be taken at this program for credit towards my degree at Carson-Newman University through the **Authorization To Take Courses At Another College** form and The Office of Financial Assistance cannot process assistance until the form is submitted to Registrar's Office.
- Any balance currently owed Carson-Newman University must be satisfied prior to any financial aid funds being released.
- I am responsible for all payments due to my Host Institution, and making arrangements for my disbursement check to be handled by someone with my financial power of attorney.
- The earliest my financial aid may disburse is 10 days before the start of the program and that one term programs will require at least two disbursements (beginning & middle) of program.

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

**Section II: To be completed by Carson-Newman University Academic Dean/Advisor**

I state that the student has been approved to take courses through the **Authorization To Take Courses At Another College** form:

Academic Dean/Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III: To be completed by Host Institution/Program in US Dollars**

**Cost of Attendance:**

Tuition & Fees: \$ \_\_\_\_\_  
 Room and Board: \$ \_\_\_\_\_  
 Books & Supplies: \$ \_\_\_\_\_  
 Travel Allowance: \$ \_\_\_\_\_  
 Personal Living Allowance: \$ \_\_\_\_\_  
 Special Expenses: \$ \_\_\_\_\_ (provide explanation)  
 Total: \$ \_\_\_\_\_

**Credit Hours:** \_\_\_\_\_

The Host Institution/Program:

- Certifies student is accepted for enrollment.
- Agrees not to process or award any Federal Title IV aid for this student.
- Agrees to notify the Carson-Newman University within 14 calendar days if the student withdraws from the program or decreases enrollment below half-time before its conclusion.
- Agrees to notify Carson-Newman University of student aid that the student receives from non-Carson-Newman sources.
- Agrees to provide a transcript of the student's academic record to Carson-Newman University.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Section III: To be completed by Carson-Newman University Office of Financial Assistance**

| Award Name             | Amount |
|------------------------|--------|
| _____                  | _____  |
| _____                  | _____  |
| _____                  | _____  |
| _____                  | _____  |
| _____                  | _____  |
| _____                  | _____  |
| _____                  | _____  |
| Total Aid Eligibility: |        |
|                        | _____  |

Carson-Newman University agrees to:

- Consider this student enrolled in an eligible program of study at the host institution.
- Determine eligibility for financial aid based on the cost of attendance at the host institution.
- Maintain all records in accordance with federal regulations.
- Disburse all funds to the student.

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|--------------|-------|
| Printed Name | Title |
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Address

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|-------------|-------|-----|-----|----------------|
| City<br>( ) | State | Zip | ( ) | E-mail Address |
|-------------|-------|-----|-----|----------------|

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| Phone | Fax |
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|----------------------|------|
| Authorized Signature | Date |
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