2026-2027 Study Abroad Assistance Form



Office of Scholarships and Financial Assistance

800 University Drive Maryville, MO 64468 finaid@nwmissouri.edu

Office: 660-562-1363 Fax: 660-562-1674

Student information

Last name			name	Middle initial		Northwest 919 number	
Please complete th	is form as	it rela	ites to you	r request to receive fi	nancial aid fo	or your study abroad progr	am.
Office: Owe	ens Library	, Roo	m 108 En	nail: studyab@nwmis	souri.edu Pr		
Receive and review an official cost of attendance from the Study Abroad Office. Study Abroad Office will provide cost information in the table below.							
provide dec							
Study Abroad Office				se Only		Financial Aid Office U	
Program Name/ Provider:							\$
						Scholarship/Grant	\$
Term of Program:			Spring (incl	uding Winter) Sumn	ner	Student Loan Eligibility Parent PLUS Loan	\$
_						Private/Alternative Loan	\$
Program Type:			Northwest Faculty Led		nge	Total Financial Aid	\$
Cost Component	Billed NW 3rd		Amount	Cost Component	Amount	Remaining Cost after Aid	\$
Program Fee	NW 3.0	party	\$	Books and Supplies	\$		
Tuition and Fees			\$	Visa Cost	\$		
Housing			\$	Meals	\$		
Study Abroad Admin F	ee		\$	Airfare	\$		
Provider Application Fe	е 🗌		\$	Other Transportation	\$		
Study Abroad Insurance	;e 🗌		\$	Passport Fee	\$		
Billable Expens			\$	Non-billable Expenses:	\$		
Estimated Study Abroad Cost of Attendance:				\$			
Study Abroad Office Notes:							
Certification statement By signing, I certify that all information reported is complete and accurate to the best of my knowledge. I understand electronic signatures will not be accepted.							
Study Abroad Advisor Name (printed)				Study Abroad Adviso	Date	•	
Student Signature (required)				Date Date			