



**PAYMENT AUTHORIZATION AND FINANCIAL AID CONTRACT
KEAN UNIVERSITY STUDENTS PARTICIPATING IN A TRAVELEARN PROGRAM**

Name (Last, First) Kean ID# SSN

I certify that I will be attending Kean University as a matriculated **part-time / full-time student** during the semester in which the Travelearn program takes place and that I will enroll in _____ (course number) connected to the Travelearn. I will be traveling to _____ (country) with Professor _____ between _____ (dates of travel). I understand that this agreement is based on my estimated financial aid awarded as the date of this agreement. I acknowledge that my account will be subsequently reviewed before my awards are disbursed. If there is a reduction in my financial aid awards, I understand that I will be responsible for any remaining balance due to Kean University in the event that my financial aid is insufficient to cover the total program cost of \$_____ and that I am responsible for providing Kean University with the balance from other financial resources. Furthermore, I understand that if I do not attend the Travelearn program for any reason or if my financial aid awards are cancelled for any reason, I am still responsible for the full cost of the program to Kean University. I acknowledge that I am responsible for the full cost of the program to Kean University if I withdraw from the Travelearn program after the established deadlines.

[To be completed by Office of Financial Aid: Estimated Financial Aid: Semester _____ / Year _____]
[Grants: \$ _____]
[Scholarships: \$ _____]
[Loans: \$ _____]
[Loans: \$ _____]

I authorize Kean University to withhold \$_____ of my financial aid for
☐ Fall ☐ Spring ☐ Summer Session I ☐ Summer Session II of _____ (semester/year).
These funds will be used by Kean University to pay a third-party travel company for the non-refundable program cost for the Travelearn program.

My signature confirms my understanding of and agreement with the financial responsibilities as stated above.

Student Signature Date

Office of Financial Aid Date

Office of Student Accounting Date

Director, Center for International Studies Date