



Individual Travel Study Agreement

Deputy Hall 103, 1500 Birchmont Dr. NE
Int'l Program Center, Bemidji State University
Bemidji, MN 56601
218/755-4096 Fax: 218/755-2074

A Travel Study Agreement must exist before a home institution can process an application for federal funds for students attending another institution. The student named below wishes to continue drawing federal and/or state financial aid through Bemidji State University while studying abroad through your institution. Please complete and return this form and return to the Bemidji State University International Program Center, Deputy 103, 1500 Birchmont Drive NE, Bemidji, MN 56601. You will need to make an appointment with the director to discuss your program.

This form must also be completed by students wishing to earn academic credit for work completed at another institution, regardless of whether financial aid is sought. It is the student's responsibility to forward this form to the Host Institution. The two institutions names below herein enter in to a Consortium Agreement for:

Student's Name: Last First Middle BSU ID#: SSN:
Home Institution: Bemidji State University Host Institution:

To be completed by the student:
I am taking coursework through the above-named institution for the following reason:
I will be taking credit hours fall semester, semester credits spring semester, credit hours summer session, during the academic year through the host institution. I understand that I will be enrolled at BSU, but that I am personally responsible for paying all required fees to the host institution and abiding by the host institution's rules and regulations, including maintaining satisfactory academic progress. I understand that should I reduce the number of credits I take or withdraw completely from the program, I must immediately inform Bemidji State University, as I maybe required to repay any financial aid received. I will request the host institution to send an official transcript to the BSU Records Office upon completion of the courses.
I also understand this is not to be considered an endorsement by BSU of this program and that BSU is not responsible for any injury, loss, damage, delay, irregularity, or expense arising from my participation in this program as a result of accident, strikes, war, weather, sickness, quarantine, governmental restrictions, and other matters beyond the University's power to control and in consideration of the commitment herein contained, I hereby release the University, its faculty and staff from any claim or liability arising as a result of my participation in this Program.
Student's Signature: Date:

To be completed by the Major Department Chair:
I certify that the above-named student has discussed plans to study through the above-names host institution, and that some or all of the credits may be applied toward the student's degree requirements, as indicated on the attached Transfer Credit Approval/Registration form.
Major Department: Chair Signature: Date:

To be completed by the Host Institution or documented by the student:
Through this agreement, Bemidji State University agrees to enroll the above-named student and process financial aid on the student's behalf. BSU also agrees to accept the academic credit awarded by Host Institution as resident credit. The Host Institution confirms that the student's application has been accepted in the following program:
Is this an accredited program? Yes No
Cost of Attendance (actual costs at Host Institution):
Total of student's budget as detailed on attached budget sheet: \$
Host Institution agrees NOT to provide federal funds to the above-named student for term(s) specified. Should any scholarships be provided, Host Institution will inform Bemidji State University's Financial Aid Office. Host Institution also agrees to inform Bemidji State University's Int'l Services Office of any changes in the student's program which reduces the number of credits or causes the student to withdraw from the program. Upon the student's request, the Host Institution also agrees to supply Bemidji State University's Records Office with a transcript noting the student's performance, upon completion of the program.
For Host Institution: (signature) Date:
Name and Title: e-mail:
Name of Institution: Telephone:
Address:
Please note that this agreement does not make Bemidji State University a party to arrangements concerning program payment. Any contract for program payment must be between the Host Institution and the student.

For Bemidji State University:
The above-named student has discussed plans to participate in the program described above, and has been approved by the Int'l Studies Council.
Signatures (Int'll Studies Council): (Int'l Program Ctr. Director)
BSU Financial Aid Office certification: Bemidji State University agrees to process and administer financial aid to the above-named student, if eligible under the appropriate Federal and State financial aid programs, for the terms specified above, for the stated number of credits. Check one: C: N/C:
BSU Financial Aid Director: Signature BSU Registrar: Signature

This sheet is required if the student will be registering for credits at the host/cooperating institution and transferring those credits back to Bemidji State University. (Complete one sheet for each term.) It is required that the equivalencies be determined prior to student participation in the program if possible.

Student's Name: \_\_\_\_\_  
 Host Institution: \_\_\_\_\_

BSU ID# \_\_\_\_\_  
 Term: \_\_\_\_\_ Year: \_\_\_\_\_

The following transfer course equivalencies will be granted to program participants upon successful completion of the courses at the host institution. Only courses numbered above a 100 or 1000 level, in which the student earns a "C" or better will be transferred. An official transcript from host institution must be received by BSU prior to the courses being transferred and grade recorded.

Complete the following for courses at Host Institution:

Host Course Title/Number	Department	# Credits		Equivalent BSU Course Title/Number	Dept	# Credits	Lib Ed Area (if applicable)	Course ID

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

