UNIVERSITY OF NOTRE DAME
OFFICE OF FINANCIAL AID

SUMMER COST OF ATTENDANCE WORKSHEET

HOME INSTITUTION:

University of Notre Dame
Office of Financial Aid
128 McKenna Hall
Notre Dame, IN 46556

Phone: (574) 631-6436
Email: finaid@nd.edu

AND

HOST INSTITUTION:

School: _____ Phone: _____
Office: _____ Email: _____
Address: _____

The University of Notre Dame and the host institution named above are herein entering into an agreement for the purpose of disbursing private student loans to University of Notre Dame student named below, attending the host institution as a guest student for the summer session:

Student's Name _____ Date of Birth _____

Address _____ Phone _____

The individual authorized to sign below on behalf of the University of Notre Dame does hereby agree to the following:

1. The University of Notre Dame is the parent institution for financial aid matters and will confer a degree upon successful completion of the student's program.
2. Eligible private student loans will be disbursed directly to the student's account at Notre Dame. The loan proceeds will then be forwarded to the Host Institution.
3. The University of Notre Dame will serve as a transfer agent for all student aid funds and will refund/return funds as necessary based on changes in enrollment status.

The individual authorized to sign below on behalf of the Host Institution does hereby agree to the following:

1. The Host Institution will verify enrollment status and notify the University of Notre Dame of any changes in enrollment status.
2. The Host Institution confirms the following:

COST OF ATTENDANCE

Program Fee (Tuition)	$ _____
Room (Accommodation)	$ _____
Board (Meals)	$ _____
Books and Supplies	$ _____
Transportation	$ _____
Other (specify): _____	$ _____
TOTAL	$ _____

ENROLLMENT STATUS

_____ Full-time ____ Half-time ____ Less than half-time
____ Number of Credits

Academic Calendar:

Semester _____ Quarter _____

Program enrollment dates under this agreement:

from ____ / ____ / ____ to ____ / ____ / ____

Institutional Aid: $_____

SIGNATURES:

On behalf of the University of Notre Dame:

Financial Aid Officer	*Printed Name and Title*	*Date*

On behalf of the Host Institution:

Financial Aid Officer	*Printed Name and Title*	*Date*

This form must be on file with the Office of Financial Aid at the University of Notre Dame before any private student loans may be certified or disbursed.

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our secure document upload portal (go.nd.edu/fa-forms).

09/22