

FORMS CHECKLIST FOR SPRING 2012

Student Name: _____
Program: _____ **Term:** _____

DUE: FRIDAY, NOVEMBER 11, 2011

- 1: **RESPONSIBILITY FOR READING OVERSEAS STUDIES HANDBOOK**
Purpose: This form acknowledges your responsibility to read the Overseas Handbook. **Who:** All students must submit this form.
Where: To the Office of Overseas Studies

- 2: **RELEASE FORM**
Purpose: This form releases USC from specified liabilities and details some of the rights and responsibilities of USC and USC students who choose to study abroad.
Who: All students must submit this form. Students under 18 must also have a legal guardian sign it.
Where: To the Office of Overseas Studies

- 3: **HEALTH INSURANCE SELECTION FORM**
Purpose: This form notifies the USC Health Insurance Office which health Insurance plan you wish to purchase: Regular USC Student Health Insurance or USC Overseas Health Insurance. You must select one of the two options. You may not waive out of both options. International students (i.e. F-1 Visa students) must purchase the Regular USC Student Health Insurance.
Who: All students must submit this form. Students under 18 must also have a legal guardian sign it.
Where: PSD 116 **Contact:** Nytosha Coleman **Tel:** 213.740.0551 **email:** njcolema@usc.edu
**Please bring your health insurance card to the Student Health Insurance Office*

- 4: **MEDICAL TREATMENT AUTHORIZATION**
Purpose: This form states that students, not USC, are financially responsible for any illness or injury sustained while overseas. It also establishes USC as the decision-maker of last resort in the case of a medical emergency that renders you incapacitated and unable to authorize treatment.
Who: All students must submit this form. Students under 18 must also have a legal guardian sign it.
Where: To the Office of Overseas Studies

- 5: **WITHDRAWAL/REFUND POLICY ACKNOWLEDGEMENT**
Purpose: This form acknowledges your responsibility to read and be aware of your individual program's withdrawal/refund policy and USC's withdrawal/refund policy.
Who: All students must submit this form. Students under 18 must also have a legal guardian sign it.
Where: To the Office of Overseas Studies

- 6: **KNOW BEFORE YOU GO/INFORMED CONSENT FORM**
Purpose: Recommendations for a healthy study abroad experience. Student acknowledgement of health considerations.
Who: All students must submit this form.
Where: To the Office of Overseas Studies

- 7: ELECTRONIC REFUND DEPOSIT AUTHORIZATION
Purpose: This form authorizes the USC Cashier's Office to check your account for a credit balance twice a week during the USC semester. If your account shows a credit balance in that time period, the credit amount will be electronically deposited into the checking account that you designate. The Cashier's Office authority to follow the process will continue even after you return to USC unless you request in writing to the Cashier's Office that the authority be revoked. Be sure to submit a voided check from the bank account of your choice with this form.
Who: Only students who wish to avail themselves of this service should submit this form.
Where: In person to the Cashier's Office in King Hall 204.
- 8: FINANCIAL AID AGREEMENT
Purpose: This form is a reminder to you and also acknowledges to Overseas Studies that you are aware of your responsibilities with your financial aid while you are abroad.
Who: All students must submit this form.
Where: To the Office of Overseas Studies
- 9: COLLECTIONS AGREEMENT FORM
Purpose: This form authorizes USC Financial Services and University Collections to discuss your student account with people whom you designate
Who: Only students who wish to avail themselves of this service should submit this form.
Where: To the Office of Overseas Studies
- 10: COST SHEET WORKSHEET
Purpose: This form lets us know you have reviewed the cost of the program, reviewed your assets, and are aware of the cost gap that you may have to cover. Fill out the worksheet portion of your program cost sheet and submit a copy.
Who: All students must submit this form
Where: To the Office of Overseas Studies

DUE BY WEDNESDAY, DECEMBER 7, 2011

- 11: TRANSPORTATION FORM
Purpose: This form is very important as transportation can be disrupted by missed or cancelled flights, strikes, accidents, and terrorist activities. You may submit a copy of your travel itinerary as well.
Who: All students must submit this form or a copy of their travel itinerary
Where: To the Office of Overseas Studies
How: You may FAX this form to Overseas Studies at (213) 740-2265. Or you may mail it to Overseas Studies / USC / 823 West 34th St., CLH 201, Los Angeles, CA 90089-0128. Or you may email the relevant information to: overseas@usc.edu
- 12: PHOTOCOPY OF THE INFORMATION/SIGNATURE PAGE(S) OF YOUR PASSPORT
Purpose: To have on file in case your passport is lost or stolen or to identify you in emergency situations.
Who: Students who did not submit a copy with their application.
Where: To the Office of Overseas Studies
How: Mail it to Overseas Studies / USC / 823 West 34th St., CLH 201, Los Angeles, CA 90089-0128 or bring it by in person or email it to Overseas@usc.edu. Do not fax it, as fax copies are usually illegible.

Please make a photocopy of all SUBMITTED forms for your own records

Responsibility for Reading Overseas Studies Handbook

I, _____, have applied to
(print name)
study abroad at _____,
(program)
in _____ in Spring 2012.
(country)

I have received the USC Office of Overseas Studies Spring 2012 Handbook and I agree to read the Handbook thoroughly and carefully.

(Signature) (Date)

Responsibility for Obtaining a Student Visa

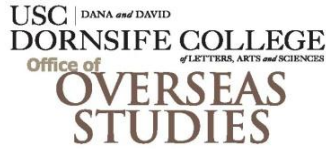
I understand that it is my sole responsibility to apply for and obtain a student visa for the country in which I intend to study. I will research the application details and deadlines for my visa application, including the appropriate consulate at which to apply and the requirements for that particular consulate. I will apply for my visa at the earliest possible time, which I understand to be as soon as I am accepted into my intended program of study and have received the appropriate documents. I am responsible for staying up-to-date regarding changes to the visa application process for the consulate at which I will apply for my student visa.

(Signature) (Date)

Responsibility for Completing a Program Evaluation

I understand that completing a program evaluation at the end of my semester or year abroad is part of the study abroad program. I agree to complete a program evaluation.

(Signature) (Date)



UNIVERSITY OF SOUTHERN CALIFORNIA

TRAVEL RELEASE

The parties to this Release are _____ (Student), _____ (Student’s parents or legal guardian, if student is under 18) (both referred to hereafter jointly and severally as “Student”), and the University of Southern California (hereafter “USC”).

The Student, with the consent of the Student’s parents or legal guardian if necessary, has chosen to participate in the USC _____ (hereafter “Program”), during the _____ semester.

All students are considered adults and are expected to take responsibility for their actions while taking part in the Program. As adults, any activities that Student takes part in, whether as a part of a Program or separate from the Program, will be considered to have been done with their approval and understanding of any and all risks involved. Any students under 18 and/or considered dependents of their parents or guardians are responsible for giving all background or other relevant information about the Program to their parents or guardians.

Although USC may offer information to Student on aspects of foreign travel and particular destinations, Student agrees that he/she is responsible for determining the potential dangers of particular destinations, and the Student acknowledges that USC is under no duty to warn the Student of any particular danger or potential injury. Before deciding whether to visit a site under a travel warning, USC recommends that Student check with the U.S. Department of State website (http://travel.state.gov/travel_warnings.html) and the U.S. Centers for Disease Control website (<http://www.cdc.gov/travel/>) and read carefully the current travel warning/advisory, public announcements, and consular information sheet for the site in which Student seeks to study. Notwithstanding the foregoing, USC recommends that Student elects not to study in a site under a travel warning. Student acknowledges that Student has been made aware of the risks of foreign travel, and more specifically, the risks of travel to the subject destination, and further acknowledges reading and understanding any applicable U.S. Department of State travel warnings. Student is participating in the Program with full knowledge of the risks inherent in such participation, including possible physical injury or other loss or damage and agrees to accept and assume any and all risks associated with participation in the Program. In consideration of USC’s accepting Student into the Program, Student, her/his heirs, executors, administrators, employers, agents, representatives, insurers and attorneys, hereby releases and discharges USC, its officers, trustees, facility, employees, agents and representatives (hereafter “released parties”) from any and all claims which may arise from any cause whatsoever, regardless of the source. The Student further releases and discharges the released parties from responsibility for any accident, illness, negligence, passive or active, or injury or any other consequences arising or resulting directly or indirectly from Student’s participation in the Program.

The Student also acknowledges that the USC assumes no responsibility in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the USC, force majeure, war quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier beyond USC's control, with or without notice, for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors Student is required to spend additional nights, USC will not be responsible for Student's hotel, transfers, meal costs or other expenses. Student's baggage and personal property are completely at the Student's own risk.

Student hereby represents and warrants that he/she is and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses that Student sustains or experiences overseas, and, more specifically, in the countries in which Student will be living and/or traveling while on the Program. By Student's signature below, the Student certifies that his/her health insurance policy will adequately cover Student while outside the United States; and, Student absolves USC of all responsibility and liability for any charges, bills and/or expenses Student may incur while he/she is abroad. Student agrees to report to USC's Program directors any physical or mental condition that he/she has which may require special medical attention or accommodation during the Program at least ninety (90) days prior to departure.

Student hereby agrees to indemnify and hold harmless the released parties from any loss or liability whatsoever including reasonable attorneys' fees, caused by any act or omission of Student resulting from Student's participation in the Program.

Student understands and agrees that Student will obey all rules, regulations, and laws of the respective countries to be visited, and all travel regulations, any rules or precautions issued by USC, its representatives or by any associated institutions or organizations or the United States government. Student also understands that in the sole discretion of the Program representative, a violation of the above may result in an immediate expulsion from the Program. USC reserves the right to decline to accept or retain student in the Program at any time should Student's actions or general behavior impede the operation of the Program or the rights or welfare of any person. In such an event, no refund will be made for any remaining portion of the Program.

Student understands and agrees to attend and participate in all excursions that are a part of the Program. Student understands that failure to do so will result in a reduction of grade including the possibility of course failure.

It is understood and agreed that should Student elect to remain overseas at the location of the Program or elsewhere after participation in the Program, Student will cease to be part of the Program. Should Student drop out of the Program voluntarily or involuntarily, Student understands that any relationship between Student and the Program will be terminated thereafter. In both of the foregoing events, this release

shall remain in full force and effect.

USC reserves the right in its sole discretion to cancel or suspend the Program for any events or circumstances that may, in USC's determination, place Student at risk of mental, emotional or physical harm or bodily injury, including but not limited to war, political upheaval, riots or other events in or around the location of the Program. USC may rely on travel advisories issued by the U.S. State Department in determining whether to cancel or suspend the Program. USC may cancel or suspend the Program or substitute classes due to low enrollments or unavailability of faculty or facilities.

By signing below, Student represents that he/she is a student in good standing at USC and has never had charges brought against him/her before the USC Office of Student Conduct. Student hereby gives the Office of Student Affairs the right to access student's records maintained by the USC Office of Student Conduct, and to provide relevant information from such records to the Faculty/Program Coordinator.

It is understood and agreed that if any provision of this Release or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this Release which can be given effect without the invalid provisions or applications and to this end the provisions of this Release are declared severable.

This Release shall be construed in accordance with, and governed by, the laws of the State of California. Subject to approval from USC's insurance carrier, any dispute arising from this Release shall be submitted for full and final resolution to arbitration in accordance with the rules promulgated by the American Arbitration Association. The arbitration shall take place in Los Angeles, California.

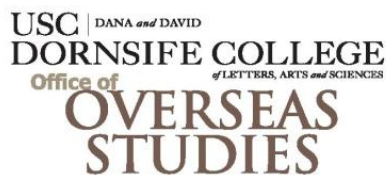
This Release is the only, sole, entire and complete agreement of the parties relating in any way to the subject matter hereof. No statements, promises or representations have been made by any party to any other, or relied upon, and no consideration has been offered, promised other than as may be expressly provided herein. This Release supersedes any earlier written or oral understanding or agreements between the parties.

Student acknowledges that she/he has read this Release and that she/he understands its meaning and effect.

Date: _____ Student: _____

Date: _____ Parents or Legal Guardian: _____
(If Student is under 18)

Date: _____ USC: _____



Health Insurance Selection Form

Please indicate below (check one) which health insurance policy you wish to purchase During your Spring 2012 program:

- Spring 2012 USC Student Health Insurance Plan** (coverage in US and abroad)
Coverage dates are: January 10, 2012 through August 19, 2012
 Includes important medical evacuation and repatriation coverage (through International SOS) not normally covered under domestic plans.
Bring proof of health insurance if you are selecting this option.
Cost for the semester plan: \$658 (prices are subject to change)

- USC Overseas Policy (coverage abroad only).**
 Coverage from the day you leave the US through the last day of the month in which your program ends. You can opt to purchase additional months of coverage if you want to stay overseas after your program to travel. If you have good US coverage through a family member (like Aetna, Blue Cross, United, Kaiser, etc.) and you normally waive out of the USC insurance on campus, you might want to consider this plan. Includes important medical evacuation and repatriation coverage (through International SOS) not normally covered under domestic plans. Bring proof of insurance when you visit the Health Insurance Office.
Bring proof of health insurance if you are selecting this option.
Cost of semester and year plans: \$75 per month (not prorated) (prices subject to change)

Name _____

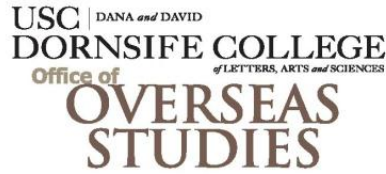
USC Student ID Number (10 digit) _____

Overseas Program _____

Student Signature _____ Date _____

USC Student Health Insurance Coordinator Signature _____

Bring this form to: the USC Health Insurance Office, PSD 116, 213.740.0551
(PSD 116 is on the first floor of Parking Structure D, behind Leavey Library. The office is directly across from North Residential Hall.)
RETURN THE SIGNED COPY TO: OVERSEAS STUDIES OFFICE, CLH 201



University of Southern California Medical Treatment Authorization

I, _____, am a willing participant in the USC sponsored overseas study program called _____.

I understand that I am financially responsible for any injury or illness I may sustain while overseas. I understand that the University of Southern California is not in any way responsible to pay for medical treatment on my behalf. In the event I am incapacitated due to a medical emergency, and am unable to authorize treatment to alleviate my condition, I authorize the University of Southern California's employees, faculty or agents to act on my behalf and authorize such emergency treatment.

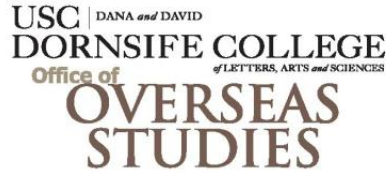
I acknowledge that this authorization does not create a duty on the part of the University, and I hereby release the University of Southern California and its trustees, employees, agents and representatives from any and all claims, causes of action, losses, liabilities, costs, fees and expenses arising or resulting from any injury or damage I may incur in the course of receiving medical care overseas.

Signature of Student/Participant

Date

Parent/Guardian (if student is under 18)

Date



Withdrawal/Refund Policy Acknowledgement

I, _____ acknowledge that I have read and understand the USC Withdrawal and Refund Policy, and that I have read and understand the Withdrawal and Refund Policy of my study abroad program, _____.

I understand that if I withdraw from my study abroad program, the more stringent of the two policies applies. The USC administrative fee of \$2,100 for semester-long programs and \$3,200 for yearlong programs will not be refunded unless the withdrawal is medically related.

Signature

Date

Signature of legal guardian if student is under 18 years of age

Date

KNOW BEFORE YOU GO

Recommendations for a Healthy Study Abroad Experience

Studying abroad may be a stressful event and we would like to assist you in better preparing you for your experience. It is important to note that studying away from home can be risky for those with medical or psychological health conditions that are not managed properly before departure. Therefore, students should take into consideration any special medical, physical, or psychological needs that may impact their participation in the program prior to departure. Please keep in mind that study abroad sites may not be able to accommodate all reported individual needs or circumstances.

Pre-departure Checkups

You are strongly encouraged to schedule a medical exam at the Student Health Center (http://www.usc.edu/student-affairs/Health_Center/) or with your family physician prior to departure.

A thorough dental exam is also strongly recommended.

For information on necessary or suggested vaccination for travel abroad, consult your family physician or the Student Health Center (http://www.usc.edu/student-affairs/Health_Center/).

Students Using Medications

If you use medication/s, including asthma inhalers, on a regular basis you should take a supply to last throughout your stay and carry a letter from your physician explaining the medical necessity and treatment. Any medications taken overseas should be left in their original containers and be clearly labeled.

Prescription medication for legitimate health conditions may be scrutinized by foreign officials when going through Customs. In some countries drugs that are legal and readily available in the United States will be considered illegal, require a prescription, or a host country authorization to be allowed in the country.

If you are being treated for a psychological health condition work closely with your physician or mental health professional to understand possible triggers and how to reach out for help. It is in your best interest, if you are taking psychotropic medications, to be stable in your medication before starting your overseas experience. Discuss proper medication management with your doctor or mental health professional prior to your departure.

Mailing medication abroad: Most countries have very strict regulations on having medications shipped abroad. Students regularly find that refills of regularly taken medications in the U.S. get stopped by the host country's Customs. Decisions on what medications may be mailed legally into some foreign countries are made by the host country government, not the U.S. Post Office. Students should call the host country government office in the U.S.

Students with Different Abilities

Passage of legislation such as the Individuals with Disabilities Education Act and the American with Disabilities Act has spurred schools in the U.S. to accommodate students with varying abilities. It is important to know that other countries are not bound by U.S. legislation, and physical facilities and academic resources vary significantly from one overseas site to another. If you are currently receiving disability-related accommodations at USC or anticipate needing them at your program site, please contact the Office for Students with Disabilities located in the Student Union 301 or call (213) 740-0776, to discuss appropriate responses to your needs.

Informed Consent for Study Abroad Programs

Students are expected to consider their physical and mental health and any special needs when deciding whether or not to study abroad and when choosing a program. Studying abroad involves challenges related to differences in facilities and physical conditions, cultural norms and expectations, and types of stress. Students studying abroad are also separated by distance from their familiar support networks and healthcare providers. All students--especially those with different physical or learning abilities, those with medical conditions, and those with psychological issues--are strongly encouraged to consider all potential challenges and consider whether studying abroad at the selected location is appropriate for them. Student may then take necessary steps to have a healthy experience abroad.

Examples of psychological issues that can be exacerbated or triggered while studying abroad include depression, anxiety, body image and eating disorders, panic attacks, and addictive behaviors. Examples of challenges for students with physical and learning disabilities include lack of wheelchair access, pedestrian-unfriendly infrastructures, and little or no accommodation for alternate testing situations.

Students are strongly encouraged to take the following measures to help increase the likelihood of a healthy and successful study abroad experience: -Get a thorough medical exam and explain to the physician the location and nature of the study abroad program. -Get any immunizations or take any medications (e.g. anti-malarials) necessary or suggested for the study abroad location and locations in which you plan to travel extensively. -Bring a sufficient supply of needed medications, including asthma inhalers, along with prescriptions. Don't respond to the stresses of adjusting to a new culture by taking more than the prescribed doses of your medication, discontinuing medication without advice from a doctor, or taking medication prescribed to another student. -In the case of a history of any psychological issues, consult with a physician or mental health professional and explain to the practitioner the location and nature of the study abroad program. -In the case of disabilities (e.g. learning disabilities, physical disabilities), consult with the Office for Students with Disabilities (Student Union 301, 213-740-0776).

Student acknowledges that she/he has read this informed consent and the attached "Know Before You Go" document and that she/he understands their meaning and effect.

Date: _____ Student: _____

Date: _____ Parents or Legal Guardian: _____
(If Student is under 18)

Date: _____ USC: _____



FINANCIAL AND BUSINESS SERVICES
STUDENT ACCOUNT SERVICES/CASHIER'S OFFICE
Electronic Refund Deposit Authorization

The ACH or Electronic Refund Direct Deposit service is the fastest and most convenient way to receive a refund of a qualifying credit balance on a student account.

New Application **Change of Bank** **Cancel Authorization**

I hereby authorize the University of Southern California to initiate deposits (credits) and/or corrections to previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until I revoke it by giving 10 days prior written notice to the University of Southern California's Student Account Services/Cashier's Office at the address below.

Your USC Student Account will be checked for a credit balance and will be processed for deposit into the account specified below. Refunds should be available for deposit into bank accounts two business days from the date they are processed by the Student Account Services' Office (i.e. Refunds processed on Friday will be available on Tuesday. Refunds processed on Monday will be available on Wednesday). Refunds will be available by 8 am the day of the deposit. Please note, if a payment was made with a credit card any credit balance will be refunded back to the credit card.

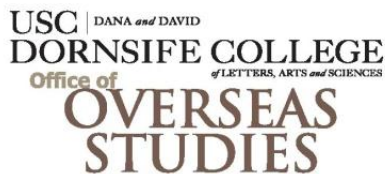
Student's Printed Name	Student's Signature X	Date
Student's Telephone Number ()	Student's 10-digit USC-ID or 7 digit PID	
Student's Permanent Address – Line 1		
Student's City, State and Zip Code – Line 2		
Financial Institution	Name(s) on face of check	
Routing Transit Number (ABA Number)	Checking Account Number	

IMPORTANT: Attach copy of **voided check**. Deposits may only be made to checking or share draft accounts in U.S. banking institutions only. Questions? Please call 213.740.7471.

To initiate Electronic Refund Deposits return this form AND a voided check to:

USC Student Account Services
 1150 W. Jefferson Blvd., PSB 106
 Los Angeles, CA 90089-1052

You may also fax to: 213.740.0835 Or,
 scan and e-mail to: cashier@usc.edu
 Visit us online at www.usc.edu/sfs



FINANCIAL AID AGREEMENT

I, _____(your name), hereby acknowledge that I am responsible for completing the following procedures for my financial aid for 2012-13 while I am abroad during the Spring 2012 overseas study program at _____(program site).

1. I will arrange for all important financial aid correspondence to be forwarded to me abroad.
2. It is my responsibility to meet all 2012-13 financial aid deadlines, including those set for:

- a. CSS Profile
 - b. FAFSA
 - c. Copies of Tax Forms/Non-filing Statement
- (PLEASE CHECK THE USC FINANCIAL AID WEBSITE REGULARLY)**

3. It is my responsibility to notify Overseas Studies of special circumstances or problems relating to my financial aid, including the following:

- d. Loan processing
- e. Loan disbursement
- f. Scholarship checks
- g. Scholarship applications

Signature _____

Date _____



STUDENT FINANCIAL SERVICES BUCKLEY WAIVER

As a participant in Federally funded loan and grant programs, the University is required to follow the guidelines contained in the Family Educational Rights and Privacy Act (FERPA), U.S. Code (20 USC 1232g), commonly known as the "Buckley Amendment".

This statute mandates that we safeguard and protect the privacy and confidentiality of all student financial records. It prohibits any discussion of financial matters related to enrollment and attendance at the University with anyone other than the student *except by written consent of the student*.

This form is provided as a means for you to give the University permission to discuss your account with someone other than yourself (i.e. parent, guardian, spouse, etc.). If you wish to do so, please complete, sign, and return this form to U.S.C. Student Financial Services, PSB-100, Los Angeles, California 90089-1053.

Your written consent will be kept permanently on file, and the University will then be allowed to release information regarding your student account to those persons who have been designated per Buckley Waiver form(s). If for any reason you subsequently decide to cancel the release, please submit a letter withdrawing the consent, indicate the person(s) affected, and send or deliver the written notice to: U.S.C. Student Financial Services, PSB-100, Los Angeles, California 90089-1053.

I hereby authorize USC Student Financial Services to release financial information regarding my student account to the person(s) whose names appear below.	
NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____
STUDENT'S NAME (printed): _____	USC-ID#: _____
Student's Signature: _____	Date: / /

Please also take a moment to complete the applicable address information requested below, so that we may make certain our records are up to date. Please note that monthly statements of student accounts are mailed to the *local address* for the months of August through April, and to the *permanent address* for the months of May through July. If you prefer to have your statements mailed to the same address all twelve months of the year, then designate that address as your *billing address*.

LOCAL ADDRESS:	
STREET: _____ Apt# _____	CITY: _____
PHONE: _____	STATE: _____ ZIP: _____
USC E-MAIL: _____	OTHER E-MAIL: _____
PERMANENT ADDRESS (if different from local):	
STREET: _____ Apt# _____	CITY: _____
PHONE: _____	STATE: _____ ZIP: _____
BILLING ADDRESS (for mailing of ALL Statements):	
STREET: _____ Apt# _____	CITY: _____
PHONE: _____	STATE: _____ ZIP: _____

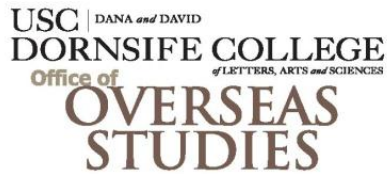
COST SHEET WORKSHEET

Provide the Office of Overseas Studies with a copy of your program rate sheet with the bottom portion filled out to the best of your knowledge and ability. You may also use this sheet. Use your scholarships and financial aid amounts for fall 2011 as a guideline.

Name: _____

Program: _____

TOTAL TUITION EXPENSES										\$
TOTAL LIVING EXPENSES										\$
TOTAL TUITION AND LIVING EXPENSES										\$
<u>STUDENT FINANCIAL RESOURCES</u>										
USC Scholarship										\$
USC Grant										\$
Estimated Pell Grant										\$
SEOG Grant										\$
Stafford Loan										\$
Perkins Loan										\$
Estimated Cal Grant										\$
Savings/Other										\$
Estimated Family Contribution										\$
TOTAL FINANCIAL RESOURCES										\$
DIFFERENCE										\$



Transportation Form

Name _____

Program (Place and semester/year) _____

Start date of program _____

Departure Information

Date, City, Time _____

Airline/Flight number(s) _____

Arrival Date, City, Time _____

Return Information

Departure Date, City, Time _____

Airline/Flight number(s) _____

Arrival Date, City, Time _____

Alternatively, you can turn in copy of your itinerary. Fax it to 213-740-2265 or email the details of your travel to overseas@usc.edu.

PROVIDE A CLEAN AND CLEAR
PHOTOCOPY OF THE INFORMATION & SIGNATURE
PAGE(S) OF YOUR PASSPORT
(If you did not turn one in with your application)

(Provide us a copy or email a scan or photo to overseas@usc.edu;
You do not have to turn in this actual form)