STUDY ABROAD AT THE UNIVERSITY OF CAMBRIDGE: PLANNING WORKSHEET
2015-2016

Student's Name ____________________________________________________________

Last       First

VISIT THE FOLLOWING OFFICES AND RETURN THIS FORM TO GLOBAL EDUCATION, ROOM E39-362, BY MAY 15.

DEPARTMENTAL CME FACULTY COORDINATOR
I approve this student's plan for study in Cambridge for the 2015-2016 academic year.
CME Faculty Coordinator's Signature: _______________________________ 

Please provide relevant details about the approved plan (level, track, etc.), e.g. IB Neuroscience:


ACADEMIC ADVISOR
Advisor’s Name (Please Print) _____________________________________________

Dept. ______________________ Phone/Room _______________________________

I approve this student’s plan for study abroad.
Advisor’s Signature ________________________________________________

STUDENT SERVICES CENTER - FINANCIAL AID:
(We have developed an estimated standard budget for you to use in planning.)
I have met with the student named above and have advised him/her regarding financial aid.

Signature of Assistant Director for Financial Aid, 11-320, tel. 258-8600 ______________________________

STUDENT SERVICES CENTER - STUDENT ACCOUNTS:
I have met with the student named above and have advised him/her regarding his/her term bill arrangements.

Signature of Counselor for Customer Service, 11-120, tel. 258-8600 ______________________________

STUDENT FINANCIAL SERVICES - LOAN COLLECTIONS:
I have met with the student named above and have advised him/her regarding his/her loan status.

Signature of Jocelyn Heywood, Manager, Loan Collections, 11-120, tel. 253-4007 ______________________________

INTERNATIONAL STUDENTS ONLY - International Student Advisor, Call 253.3795 to make an appointment.
If you are a MIT student here on a visa, please see any ISO advisor to discuss visa status while abroad.
Name of ISO Advisor ______________________ Signature: __________________

HEALTH INSURANCE:
Students studying in the United Kingdom for more than six months are eligible for free health care through the National Health Service. However, MIT requires that you continue your current extended care health coverage -- either as provided in the MIT Student Extended Insurance Plan or with your parents' health insurance. This is especially important for when you will be traveling outside the UK during your year on the Exchange.

Return completed form to Room E39-362  Date: _______________________