

**STUDY ABROAD AT THE UNIVERSITY OF CAMBRIDGE: PLANNING WORKSHEET
2008-2009**

Student's Name _____

Last

First

VISIT THE FOLLOWING OFFICES AND RETURN THIS FORM TO THE CME UNDERGRADUATE EXCHANGE OFFICE, ROOM 12-189. PLEASE NOTE THAT THIS FORM NEEDS TO BE RETURNED *PRIOR TO YOUR DEPARTURE* TO CAMBRIDGE, UK.

DEPARTMENTAL CME FACULTY COORDINATOR

I approve this student's plan for study in Cambridge for the 2008-2009 academic year.

CME Faculty Coordinator'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 Student Financial Services Representative, 11-120, tel. 258-8600 1 _____

Not applicable. I do not receive financial aid. _____

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 Student Accounts Representative, 11-120, tel. 258-8600 _____

STUDENT FINANCIAL SERVICES - LOAN SERVICES:

I have met with the student named above and have advised him/her regarding his/her loan status.

Signature of Eleanor Wolcott, Manager, Loan Collections, 11-120, tel. 253-4007 _____

Not applicable. I have not received student loans. _____

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 12-189

DATE: _____