

Study Abroad Program FINANCIAL FORM

To the Student: Please complete the following information regarding your study abroad program. Once the form is complete with Faculty Leader's signature you can meet with the Financial Aid Office for to re-evaluate your budget for your upcoming study abroad experience.

Student ID:	Study Abroad Program:
Student Name:	Term Abroad:
UND Course Enrollment:	

To Faculty Leader: Please complete the following information regarding program costs. Please contact the Office of International Programs with any questions or concerns.

Item	Included in the Program Costs	Fall Term	Spring Term	Total Costs
Application Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			
UND Tuition & Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Program Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Study Abroad Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Study Abroad Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Meals	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Books & supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical exam/vaccines	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Airfare	<input type="checkbox"/> Yes <input type="checkbox"/> No			
In-country transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Transcript Evaluation Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Total				

This form is to verify the above-identified student's participation in the upcoming UND Faculty-Direct Education Abroad Program. Please do not hesitate to contact me, the Faculty Director/Leader or the Office of International Programs regarding program costs or enrollment.

Faculty Director/Leader's Signature or SA: _____ Date: _____

Printed Name: _____ Phone number: _____