Study/Teach/Intern Abroad Budget Estimate Worksheet
Form must be completed in blue or black ink or computer type

Name: ____________________________ Student ID Number: ________________

Program & Location (City/Country): __________________________________________

Away Term: (select one) Fall 20____ Spring 20____ Academic Year 20____ Summer 20____

UMF Tuition  #credits _____ x your current tuition rate $ __________
UMF Fees Unified and Activity $ __________
Study Abroad Provider Program Fee (if applicable) $ __________

Check costs that are included in Program Fee
___Housing  ___Meals  ___Board/Meals (homestay)
___Administrative Fees
___Health Insurance
___Excursions
___International Transportation
___Confirmation Deposit $ __________
Other ____________________________________________________________

List below all costs NOT INCLUDED in above Program Fee

Housing Deposit $ __________

Housing/Accommodations $ __________

Meals (full or partial) $ __________

International Transportation $ __________
Includes round trip airfare, ground transportation to and from study site

Local Transportation $ __________
Includes local transportation costs during period of study abroad

Books/Supplies $ __________

Travel Documents, Insurance & Immunizations $ __________
  Passport: $145 (new) or $110 (renewal) $ __________
  Multiple Photos $ __________
  Visa $ __________
  Immigration Registration (in country) $ __________
  Entry/Exit Permit(s) $ __________
  Immunizations $ __________

Personal Expenses $ __________
Includes phone, toiletries, entertainment, gifts, independent travel, and emergency funds

Other Expenses (list) ____________________________________________________________ $ __________

TOTAL ESTIMATE $ __________

______________________________  __________________
Student Signature                  Date

______________________________  __________________
UMF Office of Global Education    Date
Study/Teach/Intern Abroad Itemization Form
For payment of Estimated Costs
Form must be completed in blue or black ink or computer type

Name: ________________________________ Student ID Number: __________________

Study/Teach/Intern Away Program (UMF, API, CIS, etc.): ________________________________

Location (City/Country): ___________________________________________________________

Host University/School: ___________________________________________________________

TOTAL STUDY/TEACH/INTERN ABROAD ESTIMATE  $_______________*
(Final figure from Budget Estimate Worksheet)

* If you are planning to be away for a full academic year, please enter the full year cost on this line.

SOURCES OF FUNDING
(Example: Scholarships, Grants, Federal Direct Loan(s), Perkins Loan, Other Loans, Personal Savings, Parent/Family Contribution)

Meet with the UMF Financial Aid Office in Merrill Center to discuss your financial aid resources

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<thead>
<tr>
<th>Funding Source</th>
<th>Amount</th>
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TOTAL AMOUNT OF AVAILABLE FUNDING  $_______________

Financial Aid Officer: ________________________________   ____________________________    __________________
Printed Name  Signature  Date

I have met with this student and discussed the funding resources listed above.

Additional Comments: