

Preliminary Budget Estimate

Course Title _____ Term/Year _____

Travel Location(s) _____

The following costs reflect the estimated total and per-student costs for traveling abroad.

EXPENSES FOR TRIP UTILIZING A PROGRAM PROVIDER (Include a copy of the itinerary)

Students' Expenses	Comments	Total Cost	Per Student
Room Accommodations (indicate if cost is for a shared room or a single room)			
Meals not provided in the itinerary			
Optional excursions			
Trip/Health/Accident Insurance (Required)			
Gratuities			
Checked Bags			
Deposit			
Other:			
Other:			
Total			

Faculty Director Expenses Please indicate the number of students required for one free adult spot:	Comments	Total Cost
Meals not provided in the itinerary		
Optional excursions		
Trip/Health/Accident Insurance (Required)		
Gratuities		
Other:		
Other:		
Other:		
Total		

OPTIONAL EXPENSES

The preceding expenses reflect travel-related expenses only. Tuition, fees, books, supplies and other course-related expenses are in addition to these expenses.

Faculty Name

Faculty Signature

Date

I have reviewed the information in this budget with the faculty member planning the study abroad trip:

Financial Aid Director Name

Financial Aid Director Signature

Date

Dean Name

Dean Signature

Date