## UNIVERSITY OF MINNESOTA

# Study Abroad Cost Estimate

Academic Year:

UOIM - A	mated	Readennie Tea		
Completed by: Phone:				
Completed date:				
Student Infe	ormation			
SACE, Sample	11/1/05	11/1/05 11/1/05		
Name (Last, First Middle)	Creation Date	Moo	Modification Date	
Student ID Class Standing				
Permanent Street Address	City	State	ZIP	
Daytime Phone     Email Address		Est.Departure Date	Est. Return Date	
Program Name		AcademicTerm(s)		
Housing Option:	) Homestay - Single 🔿 Hom	estay - Double		
Do you expect to receive a Minnesota State Grant as part of your financia	al aid for your study abroad?			
Estimated 1	Expenses	Yes No		
Expenses billed to Student Accounts Receivable:				
Tuition and Admin Fees				
Fee Reduction (-)		(		
Scholarship Reduction (-) Purpose:		(		
Study Abroad fees				
Insurance Fee				
Housing and/or Meals				
Transportation (if required and included in prog	ram fee)			
General Expenses (not billed to Student Accounts Receivable):				
Transportation to and from program site				
Passport/Visa/Required Documents (plus cost of	photos)/Required Immu	nizations		
Texts/Materials				
Housing and/or Meals (additional expenses not i	ncluded in program fee)			
Essential Daily Living Expenses				

Miscellaneous \_

#### **Total Estimated Expenses:**

### **U of M Study Abroad Office Certification**

Study Abroad Registration to be completed:

□ Fall \_\_\_\_\_ credits

Spring \_\_\_\_\_ credits

Summer \_\_\_\_\_ credits
May Session

NOTES:

• Credits for winter break programs are added to spring registration and credits for May session programs will be added to summer registration.

- If you are enrolled for fewer than 12 credits, you must consult with the Office of Student Finance.
- If you are enrolled for fewer than 13 credits, your University of Minnesota registration status may be affected.

I have been admitted to a degree or certificate program at the University of Minnesota.

I understand that it is my responsibility to read and understand the Office of Student Finance (OSF) **Satisfactory Academic Progress Policy**.

I understand that it is my responsibility to take care of any **negative service indicators** (previously referred to as holds) on my record prior to departure. Negative service indicators will prevent me from processing the registration indicated above. Failure to be registered **before the end of the cancel/add registration period** for each term I am studying abroad will lead to delay or cancellation of my financial aid.

I understand that it is my responsibility to grant my contact person **Power of Attorney**.

To the best of my knowledge, the information provided on this form represents a realistic estimate of the costs and credits.

I understand that I will receive a billing statement from **Student Accounts Receivable** for any remaining fees not covered by my financial aid and that payments will be due according to the published schedule.

I understand that if I drop/withdraw from courses or earn fewer than the credits for which I was enrolled, I may be billed for financial aid received. I will notify OSF and the Learning Abroad Center immediately if I reduce my credit load below the registration indicated above or withdraw from my program.

I will report all scholarships to OSF.

Student's signature

Learning Abroad Center Adviser's signature

#### **U** of **M** OSF use only

#### **Financial Aid Advising Reminders**

• Check for any potential academic progress or grade level issues.

• If appropriate, ask the student to complete an Information Release form.

• If appropriate, discuss the option of supplementary loans and application procedures.

• Remind the student of OSF and lending agency (especially U of M-based loans) paperwork, requirements and timetables.

Date

Date

Phone