Washington State Community College Consortium for Study Abroad

**Budget Request for Study Abroad**

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| Student Name: | Student ID: |
| Current Email Address: | Have you been accepted into the program yet?  Yes No Not Sure |
| Program Name:  Program website: | WCCCSA Program: |

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| Program Dates:  Start:  / / .  *month - day - year*  End:  / / .  *month - day - year* | Circle Term(s) You Will Be Abroad:  Summer Fall Early Fall  Winter Spring  Circle Term(s):  Quarter Semester  Academic Year | **OFFICIAL USE ONLY**  All boxes have been completed  OIE Staff Initials:  date stamp here |

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| **To expedite your request, please provide as much of the following information as possible:** | |
| Program Fee/Tuition |  |
| Books & Materials |  |
| Housing/Utilities |  |
| Food |  |
| Local Transportation |  |
| Roundtrip Airfare |  |
| Program-related Personal Expenses (laundry, telephone) |  |
| IPE Fee ($250 per quarter/$375 per semester) |  |
| Health-Related expenses (Insurance, immunizations, travel clinic) |  |
| **Estimated Total** |  |

WCCCSA - Study Abroad Campus Coordinator Date

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