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 FallWinter SpringCircle Term(s): Quarter SemesterAcademic 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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