 **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: WCCCSAProgram website: www.wcccsa.com | 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 Program Length: Quarter Short-Term  |

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| **Information below includes estimates; update if needed for your own circumstances:** |
| Program Fee: |  |
| Tuition: Approx. |  |
| Books & supplies: Approx. |  |
| Food: Approx. |  |
| Transportation (local and/or airfare): |  |
| Program-related Personal Expenses (laundry, telephone, personal travel): Approx. |  |
| Health-Related expenses (Insurance, immunizations, travel clinic) Approx. |  |
| Optional excursions/activities: Approx. |  |
| **Estimated Total** |  |
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| **WCCCSA – Study Abroad Coordinator Signature** | **Date** |