 **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: WCCCSA  Program 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 Fall  Winter Spring  Circle 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** |