

STUDY ABROAD/DOMESTIC STUDY INFORMATION SHEET

(Complete one sheet for each program)

(To be submitted with **OFFICIAL DOCUMENTATION OF PROGRAM COSTS** and **AIRFARE**)

Student's Name _____ Class: _____ () Study abroad () Domestic Exchange

Institution/Program Name: _____

Address: _____

Contact person and email address: _____

Phone Number: () _____

Student Educational Expense Budget

(Give amounts in U.S. dollars)

	FALL TERM	SPRING TERM	ACADEMIC YEAR
Tuition (Amherst College)	_____	_____	_____
Fees *	_____	_____	_____
Books/Supplies	_____	_____	_____
Room	_____	_____	_____
Board	_____	_____	_____
Personal expenses	_____	_____	_____
Air transportation	_____	_____	_____
Local commuting	_____	_____	_____
Health insurance	_____	_____	_____
Visa fees	_____	_____	_____
Other (List)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount	_____	_____	_____

* For fees, do not include transcript fees or program deposits. These amounts are paid by the Global Education Office.

(Over)

Do you need to be covered under the College Health Insurance Plan for your Study Abroad/Away semester or will you waive the College Health insurance? (Check one)

I need the student health insurance _____

I will waive the student health insurance_____

PAYMENT INFORMATION

If you are due a refund toward your study away costs (if your financial aid exceeds Amherst College tuition), where do you want a refund sent? Please note you are responsible for remaining bills due to the program.

Home Address _____

Other Address _____