



Hood House, 89 Main St. Durham, NH 03824
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www.unh.edu/cie

Study Abroad Expense Form

Return this form **AND A COPY OF THE PROGRAM COSTS** (available from your program provider) to the Center for International Education.

Name: _____ Student ID #: _____

Address: _____
Street City, State Zip

Phone: _____

University Program: _____
(Institution, city, country)

Program Provider: _____

Provider Address: _____
Street City, State Zip

Provider Phone: _____ Provider Fax: _____

Program Dates: _____ to _____
mm/dd/yyyy mm/dd/yyyy

Financial Aid Information:

Note: To qualify for financial aid, you must be at least a half-time student. Your original aid package, however, will be based on full-time attendance unless you indicate otherwise.

Have you ever received financial aid at UNH? Yes ___ No ___
(Including scholarships, grants and/or federal loans)

Do you wish to use your UNH financial aid for the semester(s) abroad? Yes ___ No ___

Are you applying for financial aid through your program Provider? Yes ___ No ___
(Including scholarships, grants and/or federal loans)

Program Cost Itemization:

Please complete the itemized cost chart on the back of this form using information provided by your program Provider.

_____ **Student: Do NOT Write Below this Line** _____
For Official Use Only

Semester _____ INCO _____

Signature _____ Date _____



Estimated Expense Form

Complete this form and **attach official program costs** from the program Provider. Copy information from program literature or locate on program Provider's website for the estimated costs. To estimate other costs, read foreign experience reports in CIE library or research online.

1. Program Costs (in US Dollars)	
Tuition:	
Meals:	
Housing:	
Books and Supplies:	
2. Transportation	
Plane Tickets:	
Transportation to and from Airports	
Travel Expenses (eurail, bus, metro):	
3. Miscellaneous	
Spending Money:	
Application Fees:	
Transcripts:	
Passport and Visas:	
Health and Travel Insurance:	
Luggage/Equipment:	
Immunizations/Vaccinations:	
UNH fees:	\$453.00
	Please add all cost and list below:
4. Total Cost	