

### Education Abroad Budget Worksheet

Using the information provided on the program brochure for the program you have selected, please complete all blanks in the form below.

**Student Name:** \_\_\_\_\_

**M Number:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**EA Program Term/Year:** \_\_\_\_\_

**Length of Program (weeks/months):** \_\_\_\_\_

**Credit Hours:** \_\_\_\_\_

**Program Type:** MSU Faculty Led  MSU Exchange  Other 
**Program Provider:** Murray State  Other 

Expenses Billed to MSU Student Account	Costs
Billable Program Fee	<i>For programs billed at MSU. Check program brochure for cost</i>
Tuition (if applicable)	
<b>Total Billable Expenses</b>	

Estimated Additional Expenses	Costs	Additional Instructions
MSU EA Application Fee	<b>\$100</b>	
Program Fee		<i>Provider programs/programs not billed at MSU</i>
Passport and Visa (if required)		<i>Apply as soon as possible. Visit Embassy or Consulate Website</i>
Estimated Airfare (if not included)		
Estimated Meals		<i>Check program brochure and do research for your destination</i>
Estimated Housing		<i>Check program brochure and do research for your destination</i>
Other Program Specific Expenses (if any)		<i>Check program brochure and do research for your destination</i>
<b>Total Estimated Expenses</b>		

<b>Overall Total Expenses (Billable + Estimated)</b>	
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**Acknowledgement of Program Costs**
**Initial Below**

1. I understand the program costs listed above and when each cost will be charged. \_\_\_\_\_
2. I understand I am responsible for my program costs both at MSU and with program provider (if applicable). \_\_\_\_\_
3. I understand that the estimated additional expenses listed on the Costs & Scholarship page for my program are only estimates and that actual costs will depend on my individual needs. \_\_\_\_\_
4. I understand that if I decide not to participate I must email the MSU Education Abroad Office (and program provider) to withdraw my application. \_\_\_\_\_
5. I understand that if I withdraw my application on or after the withdrawal deadline for my program I am fully responsible for anything that has been paid on my behalf, as well as any additional penalties there may be. \_\_\_\_\_

**Funding Sources**

Do you plan to use financial aid and scholarships to cover the costs of your program?

 Yes

 No

**If yes**, please visit the Student Financial Services Office to have a financial aid counselor complete page 2

**If no**, please leave information in the box on page 2 blank and skip to 'Overall Total Expenses' on page 2.

**This box only to be used by MSU Student Financial Services**

Please only list the financial aid and scholarships available to student for the **EA Program**.

Type of Assistance	(Available for program)	Date of Disbursement and Notes	Refundable Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total

I have discussed additional student loan options with this student.

I have explained the Murray State Application of Aid with this student

I have explained the Concurrent Enrollment Form with this student (if applicable)

Additional Notes:

\_\_\_\_\_  
Student Financial Services Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email / Telephone

1. Overall Total Expenses (copy Billable + Estimated total from page 1): \_\_\_\_\_
2. Total financial aid available (copy total from financial aid box above): \_\_\_\_\_
3. **Remaining Funding Needed:** (subtract line 2 from line 1 above): \_\_\_\_\_

If there is **Remaining Funding Needed** on line 3 above, please explain how you plan to pay for that amount in the box below (family contribution, loans, personal funds, etc.).

**Additional Funding Sources**

**Amount**

TOTAL (should match <b>Remaining Funding Needed</b> , listed above)	

If you listed parents, guardians or financial sponsors as a funding source above, have you discussed with them your plans to participate on a program and how you will pay for your experience?

Yes

No

I confirm that the information provided in this form is accurate and by signing below, I acknowledge my understanding and sole responsibility for the costs associated with this program as well as the costs for withdrawing after the deposit date for the program.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_