Student Billing Request: Course Fee for Study Abroad

Accurate completion of this form assures that the entire or a partial amount of student fees associated with your study abroad course will automatically be billed directly to the students enrolled in the course(s) you indicate below. This process is jointly administered between Student Financial Services and your Activity Financial Manager and must be completed in full. Contact Education Abroad at X2226 with questions.

Part A: General Program Information

Director Name(s): ____________________________________________________________
Campus Phone/s: __________________________ Email/s: ____________________________

COURSE INFORMATION

Course NUMBER & SECTION designations of all associated with the program must be accurate for proper billing! Creating new sections AFTER submitting this form REQUIRES an updated form to ensure billing accuracy.

Program Title: ______________________________________________________________
Course Title(s): _____________________________________________________________

Is this a new program? □ Yes □ No
If “no”, does it have the same title as in years past? □ Yes □ No
If “no”, what was it called the last time it ran? __________________________________

Course No.: ___________ Section No.: ___________ No. Credits: ________
Course No.: ___________ Section No.: ___________ No. Credits: ________
Course No.: ___________ Section No.: ___________ No. Credits: ________

If more than one course is associated with this program AND a student is enrolled in BOTH courses, should the student be billed only once for program fees? □ Yes □ No □ Not Applicable

This program is open to (Check all that apply.): □ Undergraduates □ Graduates □ Alumni

Activity String: __________________________ Anticipated Total Participants: _______

If this is NOT a new program, are you using the same Activity String as in previous years? □ Yes □ No

Is going abroad a requirement of the program? □ Yes □ No

IMPORTANT REMINDER: Registration for short-term study abroad courses must be by “permission of instructor”. Accepted students must be manually registered for the course/s.
**Part B: Program Fee & Deposit Per Participant**

These funds are put into your program’s account when collected from the participants.

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>NOTES</th>
</tr>
</thead>
</table>
| $      | □ Deposit is refundable  
                          □ Deposit is not refundable |

**Collection Period**

From*: _____________________  
To: _______________________

*Not prior to Feb. 15

**Remainder of PROGRAM FEE:**

(less the deposit)

Participants will enroll for:

- [ ] Fall Qtr  
- [ ] Winter Qtr  
- [ ] Spring Qtr  
- [ ] Summer Qtr

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>NOTES</th>
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| $      | • Student accounts are automatically charged upon course enrollment.  
                          • ONLY manual enrollment for education abroad courses. |

**TOTAL PROGRAM FEE:**

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th></th>
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<tbody>
<tr>
<td>$</td>
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</table>

**Part C: Mandatory Global Travel Insurance Fee**

These insurance funds will be: 1) charged to student accounts prior to departure and are not included in the program fee; 2) paid to the insurance provider; and, 3) will not be deposited into your program’s account.

**Program Dates:**

- Departure: _____________________  
- Completion: _____________________

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be calculated by EAO:</td>
<td></td>
</tr>
<tr>
<td>$1.56 x Number of Days:</td>
<td></td>
</tr>
<tr>
<td>$______</td>
<td>The amount of the insurance fee depends on the length of the program and will be automatically charged to the student account prior to departure.</td>
</tr>
</tbody>
</table>

*Estimated cost based on 2019-20 insurance rate and subject to change if rates increase in September 2020

This form requires your **Activity Financial Manager’s** review and signature. Return it to **Education Abroad** by quarterly deadline. Forms received after the deadline will be subject to a significant delay in billing set-up. **Enrollment Services CANNOT collect student deposits and program payments without this form.**

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Program Director(s) Signature  
Date

College/School Activity Financial Manager Signature  
Date

We hereby request these charges be billed to all students enrolled in the course(s) listed above:

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