



901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090 www.seattleu.edu/studyabroad T: (206) 296-2226 F: (206) 296-2491

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: _____

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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.

| | AMOUNT | NOTES |
|--|--------|--|
| DEPOSIT Amount: <ul style="list-style-type: none"> Charged to Student Account NOT collected in colleges/schools! Deposited into program account specified above | \$ | <input type="checkbox"/> Deposit <u>is</u> refundable <input type="checkbox"/> Deposit is <u>not</u> refundable <hr/> <p align="center">Collection Period</p> From*: _____ To: _____ <small>*Not prior to Feb. 15 for SQ Enrollment</small> |
| Remainder of PROGRAM FEE: (<u>less</u> the deposit) <u>Participants will enroll for:</u> <input type="checkbox"/> Fall Qtr <input type="checkbox"/> Winter Qtr <input type="checkbox"/> Spring Qtr <input type="checkbox"/> Summer Qtr | \$ | <ul style="list-style-type: none"> Student accounts are automatically charged upon course enrollment. ONLY manual enrollment for education abroad courses. |
| TOTAL PROGRAM FEE: | \$ | |

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: _____

| | AMOUNT | NOTES |
|---|--|---|
| Mandatory Insurance Fee: <i>Note for Program Leaders: Students will be charged the insurance fee in the weeks prior to departure, please inform student participants that the amount on this form is an estimate and to check their student account for final cost.</i> | To be calculated by EAO: <input type="checkbox"/> \$1.71 x Number of Days: \$ _____ | 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. |

*Estimated cost based on 2021-22 insurance rate and subject to change if rates increase in September 2022

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.**

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: