

# FINANCIAL AID BUDGET INCREASE FORM

## Exchange, Affiliate and Faculty-Led



This budget will be submitted to the financial aid office by the Office of International Program.  
Justification for expenses must be made available upon request

### Estimated Expenses for Study Abroad Program

(CITY)	(COUNTRY)	Start Date	End Date

**Courses Offered:**

Type of Program: Faculty-led  Exchange  Affiliated Transfer Credit

Student Name:  Sam ID #:

Date Created:

**For the section below, only fill in the amounts for Undergraduate OR Graduate. Do not complete both**

<u>Tuition, Fees and Materials:</u>	<u>Amount in US\$</u>
A.1) SHSU In-State Tuition and Fees, # Credit Hours: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span>	
A.2) Program Fees (including application fee)	
A.3) Books and materials	

Transportation

B.1) Roundtrip Transportation From IAH to Study Site <i>(if not included in Program Fee)</i>	
B.2) Local Transportation <i>(if not included in Program Fee)</i>	

Room and Board

C.1) Food <i>(if not included in Program Fee)</i>	
C.2) Housing <i>(if not included in Program Fee)</i>	

Miscellaneous Required Expenses

D.1) Passport <i>(can only be included if student is getting a passport for the first time)</i>	
D.2) Visa <i>(if applicable)</i>	
D.3) Student Insurance (REQUIRED)	
D.4) Estimated Personal Expenses	
D.5) Other: <span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px;"></span>	

**TOTAL:**

Program Director:   
*(for faculty-led programs only)*  
International Programs:

DO NOT SUBMIT DIRECTLY TO THE OFFICE OF FINANCIAL AID

**INSTRUCTIONS:** Submit this form to your faculty leader for budget approval and signature. Then submit to the Study Abroad Coordinator in International Programs (Farrington 116).

**Return to:**  
**Office of International Programs, Farrington 116 (studyabroad@shsu.edu)**