

# CENTER FOR STUDENT OPPORTUNITY

Off-Campus Study  
Alma College  
(989) 463 7247  
offcampusstudies@alma.edu

## Cost Estimate Worksheet Germany, Konstanz - University of Konstanz

This form is used to help develop a financial plan. *The amounts listed are for estimating purposes only.* Actual amounts billed to your student account may vary due to personal selection and/or assignment and are subject to change without notice.

The estimated fees below are based on the program's published prices from Summer 2018. When the fees are added to a student's account, they will be adjusted to the program's updated prices.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ A/C Term /Year of study: Summer ~ 2019  
Approx. Program Dates: August

### Estimated Program Fees invoiced to Alma College and added to your Alma College Student Account:

\$ _____	480	Tuition of program provider, intensive language
\$ _____	460	Accommodation - single room in shared apartment in student housing. Includes utilities, kitchen facilities and cooking utensils. Meals not included
\$ _____	490	Alma College Off-Campus Study Administrative Fee
<b>\$ _____</b>	<b>1,430</b>	<b>Estimated Fees</b>

Additional Estimated Expenses listed below are paid out-of-pocket to service providers, travel agents, etc. Fill in the blanks with any required/optional expenses and personal spending to help complete an estimate of your financial costs.

\$ _____	55	Bedding, unless you bring your own	\$ _____	Cell Phone rental, usage fees, etc.
\$ _____	45	Bus ticket, monthly	\$ _____	Personal Expenses such as books, laundry, etc.
\$ _____	85	Health insurance required by program	\$ _____	Personal Travel
\$ _____	20	Laundry, assuming 2 loads per week	\$ _____	Residency permit, if required by immigration
\$ _____	15	Meal Card deposit	\$ _____	Transcript fee if program requires official Alma transcript(s)
\$ _____	650	Meal costs based on €4-7 per meal for month	\$ _____	10
\$ _____	155	Passport & Associated fees	\$ _____	<b>Total of above to add to ESTIMATED TOTAL</b>
\$ _____	1,300	Round-trip air travel		
\$ _____				
\$ _____	<b>2,325</b>	<b>Estimated Additional Costs</b>	Provided by Program	Transfer from Konstanz train station to residence hall
			Provided by Program	Guided tours, excursions and program gatherings

**\$ 3,755 ESTIMATED TOTAL**

Students attending an off campus study program must take this form to the Financial Aid Office to be completed. While there, schedule an appointment with a representative to discuss your financial aid package. Once completed, the Coordinator of Financial Counseling in the Center for Student Opportunity can also provide financial advice.

### TO BE COMPLETED BY FINANCIAL AID OFFICE

Check this box if Financial Aid will not be awarded for this summer program.

\$ \_\_\_\_\_ \*\* Your financial aid award for the above mentioned term includes the following:

\$ _____	State/Federal Grants
\$ _____	Alma Funds
\$ _____	Other:

Alma funds ineligible for Off-Campus Study and not included in Financial aid award total above \$ \_\_\_\_\_

Summer programs awarding less than 6 credits are not eligible for most loans. To cover the costs of this program after all other forms of aid you and/or your parents can apply for:

The Parent PLUS Loan Program (www.alma.edu/finaid/loans)  The Private Loan Program (www.alma.edu/finaid/loans)  Not eligible for other programs

*\*\*This award amount is a point-in-time estimate and subject to change based on Alma College receiving/processing your FAFSA information. Please note you will need to meet Federal and State FAFSA deadlines. Amounts may decrease due to changes in funding from Federal and State programs which is beyond the control of Alma College. Financial aid for Fall Term will be estimated over the summer, and can be viewed through the student portal.*

I have reviewed & discussed the financial requirements with the above mentioned student and provided an estimated financial aid package.

Financial Aid Office signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that it is in my best interest to verify my financial aid package prior to participating in the program.

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

UPLOAD COMPLETED FORM TO YOUR OFF-CAMPUS STUDENT ACCOUNT