

CENTER FOR STUDENT OPPORTUNITY

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

Cost Estimate Worksheet New Zealand - University of Otago

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 Winter 2020. 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: _____

Winter ~ 2021

Program Dates: late February - late June

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

\$	_____	8,900	University of Otago tuition, Students Services Fees, on-campus orientation programme, transcript to Alma College. View program's website for details of all services provided.
\$	_____	3,300	Accommodation fees assuming a single room in a fully furnished University flat shared among 2-6 students. Estimate includes fees for electricity and internet which are billed through Alma College only if assigned University-managed housing. Meals are not included. View the program's website for amenities included.
\$	_____	490	Alma College Off-Campus Study Administrative Fee
\$	_____	12,690	Estimated Fees

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.

\$	_____	205	Books, Equipment, Supplies, etc.	\$	_____	Cell Phone/Communication/Internet Usage
\$	_____	1,400	Cost of Living/Personal Expenses	\$	_____	Cultural Events / Entertainment
\$	_____	1,300	Meals (when assigned flats where meals are not included)	\$	_____	Fees related to applying for Student Visa within the U.S.
\$	_____		Medical Insurance, mandated by New Zealand government, and processed through the University of Otago	\$	_____	Gift and Souvenirs
\$	_____	210	Passport & Associated fees	\$	_____	Laundry
\$	_____	155	Round Trip Airfare	\$	_____	Personal Expenses
\$	_____	1,800		\$	_____	Travel costs within country (most housing, shopping, and services are within walking distance of campus)
\$	_____			\$	_____	Transcript fee if program requires official Alma transcript(s)
\$	_____			\$	_____	Other, list:
\$	_____	5,070	Estimated Additional Costs	\$	_____	

\$ 17,760

ESTIMATED TOTAL

\$ _____

Total of above to add to 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

\$ _____ ** This is your financial aid award for the above mentioned term and it includes the following:

\$	_____	State/Federal Grants	\$	_____	Other:
\$	_____	Student Loans	\$	_____	Other:
\$	_____	PLUS Loans	\$	_____	Alma Funds

Potential eligible Venture Funds not included in Financial aid award total above \$ _____

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

***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