

CENTER FOR STUDENT OPPORTUNITY

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

Cost Estimate Worksheet France, Nantes - IES Abroad

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 Fall 2019. 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: **Fall ~ 2020**
Approx. Program Dates: late August - mid December

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

\$ _____	14,270	Program Provider Fees for tuition, ten day orientation, etc. Refer to the program provider's website for additional services included in this fee.
\$ _____	4,100	Program Provider Housing: Homestay for one student with 7 breakfasts & 5 dinners provided. Refer to the program provider's website for amenities included.
\$ _____	230	Program Provider Insurance
\$ _____	490	Alma College Off-Campus Study Administrative Fee
\$ _____	19,090	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.

		Additional Estimated Expenses	
\$ _____	190 - 250	Books and related course fees and materials	\$ _____
\$ _____	30 - 150	Cell Phone rental or usage, not including usage fees	\$ _____ 10
\$ _____	350	Local Transportation, incl round trip rail for program	\$ _____
\$ _____	1,815	Meals not included in homestay	\$ _____
\$ _____	155	Passport & Associated Fees	\$ _____
\$ _____	1,800	Personal expenses, not including personal travel	\$ _____
\$ _____	1,300	Round Trip Air Travel	\$ _____
\$ _____	325	Visa & Associated Fees, French Registration Fee	\$ _____
\$ _____	50 - 225	Visa appointment travel, if required - round trip to Chicago	\$ _____
\$ _____	75	Visa, French OFII Registration fee, paid onsite if required	\$ _____
\$ _____	6,090 - 6,445	Estimated Additional Costs	\$ _____
\$ _____	24,930 - 25,285	ESTIMATED TOTAL	Total of above to add to ESTIMATED TOTAL

Circle One: Yes No

Are you a language major attending a language program off-campus? If yes, you may have the option to pay Alma College tuition and receive Alma College aid. See Financial Aid Office for more information.

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