Please use BLACK INK only, and PRINT legibly.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>MyUH ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Program Name

<table>
<thead>
<tr>
<th>Program Start Date</th>
<th>Program End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If program is sponsored by UH, do the costs below include UH tuition and fees?

- [ ] Yes
- [ ] No

Is the program sponsored by the University of Houston?

- [ ] Yes
- [ ] No (If no, you will need to complete and return a consortium agreement to the Financial Aid Office)

### Study Abroad Expenses

(This section needs to be completed by the individual responsible for the program.)

<table>
<thead>
<tr>
<th></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td></td>
</tr>
<tr>
<td>Books and Supplies</td>
<td></td>
</tr>
<tr>
<td>Room and Board</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Other associated costs (must provide documentation)</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

I believe these costs to be a true and reasonable estimate of the amounts the student will occur.

__________________________   ___________________________
Printed name of departmental representative      Title

__________________________   ___________________________
Signature         Date