



Office of Financial Aid Services

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Bozeman, MT 59717-4160
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Tel (406) 994-2845
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Study Abroad Budget

Tuition and/or Program Fee	\$ _____
Room and Board	\$ _____
Transportation	\$ _____
Application, Placement, Processing Fee	\$ _____
Passport, Visa, Other Documents	\$ _____
Miscellaneous Living Expenses	\$ _____

Total \$ _____

Student Name: _____

Student ID: _____

Name of program: _____

Program Dates: _____

Title and Name of OIP Staff or MSU professor verifying this information. *Phone* *Date*

To the student: This evaluation of estimated expenses is for students who are applying for Financial Aid. Fill out the form yourself to the best of your ability and then bring the form to the Office of International Programs, or the University department coordinating the program, for review and signature. Then take one copy of the completed form, along with any required documentation, to the Office of Financial Aid Services and provide one copy to the Office of International Programs or the coordinating department. Please keep a copy of your Study Abroad documents for your records.