

2010 STUDY ABROAD APPROVAL FORM

Name: _____ UWG ID#: _____

Address: _____ Home Phone #: _____

City, State, zip: _____ Cell Phone #: _____

Email Address: _____@my.westga.edu

SECTION 1 – STUDENT

Are you currently receiving financial aid: ___ yes ___ no?

Have you attended any other institution during 2009-2010 ___yes ___ no?

If yes, where: _____.

Most forms of financial aid are applicable to the Study Abroad program. However, the amount of additional aid for which a student is eligible to receive may cover only a portion of the actual cost.

I understand that financial aid cannot be released prior to the beginning of a term. This means that I will be responsible for any early payment of this trip out of pocket.

 Student's Signature

 Date

SECTION 2 – Program Director

This section must be completed by the Program Director of the Study Abroad Program you plan to attend.

This is to certify that the above named student has been accepted to attend the Study Abroad Program located in

_____ for _____ semester and will receive _____ credit hours for this term.

(Please itemize each item)

Tuition/fees; \$ _____ Deposit of \$ _____ is due _____

Lodging: \$ _____ 1st Payment of \$ _____ is due _____

Meals: \$ _____ 2nd Payment of \$ _____ is due _____

Airfare: (coach) \$ _____ 3rd Payment of \$ _____ is due _____

Other expenses: \$ _____ 4th Payment of \$ _____ is due _____

Total Cost of trip: \$ _____

 Program Director's Name (Please Print)

 Program Director Signature

 Date