



STUDY ABROAD FINANCIAL PLAN
FINANCIAL AID SERVICES

Student's Name: _____

Social Security Number: _____ - _____ - _____

Location: _____

Semester(s) Attending: FALL _____ SPRING _____ SUMMER _____
(Year) (Year) (Year)

Amounts must be in U. S. dollar amounts

- 1. Tuition and Fees: (Please attach documentation from your host institution) \$ _____
2. Room and Board: (Please attach documentation from your host institution) \$ _____
3. Roundtrip Air Fare: (Please attach documentation) \$ _____
4. Ground Transportation- (from airport to school) (Please attach documentation) \$ _____
5. Miscellaneous expenses (please specify type of expense below) (Please attach documentation) \$ _____

Type of misc. expenses: _____
Example: Commuting, books, cultural events, etc.

Please note: If all required documentation is not attached, Financial Aid Services will not be able to consider these expenses when determining your financial aid reward. This form should not be submitted without appropriate documentation.

Student's Signature: _____ Date: _____

International Education Advisor's Name: _____

International Education Advisor's Signature: _____

Date: _____

Please return completed worksheet to:
UMass Dartmouth-Financial Aid Services
Foster Administration Building
285 Old Westport Road
North Dartmouth, MA 02747-2300