EDUCATION ABROAD

SEATTLE UNIVERSITY

901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090 www.seattleu.edu/studyabroad T: (206) 296-2226 F: (206) 296-2491

Student Billing Request: Course Fee for Study Abroad

Accurate completion of this form assures that the entire or a partial amount of student fees associated with your study abroad course will automatically be billed directly to the students enrolled in the course(s) you indicate below. This process is jointly administered between **Student Financial Services** and your **College Budget Manager** and **must be completed in full.** Contact **Education Abroad** at **X2226** with questions.

Part A: General Program Information

Director Name(s): _____

Campus Phone/s: _____ **Email/s:** _____

COURSE INFORMATION

*Be accurate with course NUMBER and SECTION designations of **all** associated with the program to ensure proper billing!*

Program Title: _____

Course Title(s): _____

Is this a new program? ☐ **Yes** ☐ **No**

If "no", does it have the same title as in years past?: ☐ **Yes** ☐ **No**

If "no", what was it called the last time it ran? _____

Course No.: _____ **Section No.:** _____ **No. Credits:** _____

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IF more than one course is associated with this program AND a student is enrolled in BOTH courses, should the student be billed only once for program fees? ☐ Yes ☐ No ☐ Not Applicable

This program is open to (Check all that apply.)**:** ☐ **Undergraduates** ☐ **Graduates** ☐ **Alumni**

Program Budget No.: _____ **Anticipated Total Participants:** _____

If this is NOT a new program, are you using the same budget number ("45" account) as in previous years? ☐ **Yes** ☐ **No**

IMPORTANT REMINDER:

Registration for short-term study abroad courses must be by "permission of instructor". Accepted students must be **manually registered** for the course/s.

Part B: Program Fee & Deposit Per Participant

These funds are put into your program's "45" account when collected from the participants.

	AMOUNT	NOTES
DEPOSIT Amount: • Charged to Student Account • NOT collected in colleges/schools! • Deposited into budget account specified above	$	☐ Deposit **is** refundable ☐Deposit is **not** refundable ***Collection Period*** From*: _____ To: _____ **Not prior to Feb. 15*
Remainder of PROGRAM FEE: **(less the deposit)** Participants will enroll for: ☐ Fall Qtr ☐ Winter Qtr ☐ Spring Qtr ☐ Summer Qtr	$	• Student accounts are automatically charged upon course enrollment. • ONLY manual enrollment for education abroad courses.
TOTAL PROGRAM FEE:	$	

Part C: *Mandatory* Global Travel Insurance Fee

These insurance funds will be: 1) charged to student accounts prior to departure and are **not** included in the program fee; 2) paid to the insurance provider; and, 3) will not be deposited into your program's account.

Program Dates: Departure: _____ Completion: _____

	AMOUNT	NOTES
Insurance Fee: *(Mandatory)* ***Note**: Insurance is available in month-long increments only. To ensure complete insurance coverage, include the day of departure from the US and the day of the program's end in your calculations.* ***EX. Program dates: 6/22 – 7/8 = 1month***	☐ $40.65 (1-4 weeks)* ☐ $81.30 (5-8 weeks)* ☐ $121.95 (9-12 weeks)*	The amount of the insurance fee depends on the length of the program and will be automatically charged to the student account prior to departure. *Insurance is available in monthly increments ONLY.*

*Estimated cost based on 2010-11 insurance rate and subject to change if rates increase in June 2012.

This form requires your **Budget Manager's** review and signature. Return it to **Education Abroad** no later than **January 15, 2012.** Forms received after this date will be subject to a significant delay in billing set-up. **Enrollment Services CANNOT collect student deposits and program payments without this form.**

We hereby request these charges be billed to all students enrolled in the course(s) listed above:

_____ _____
Program Director(s) Signature Date

_____ _____
College/School Budget Officer Signature Date