

FINANCIAL AID REVIEW FORM

ATTENTION: GOVERNOR JACKSON

The following student will be participating in a TWU Faculty-Led education abroad program during the semester indicated below. Please review their financial needs:

STUDENT INFORMATION	
Last Name:	First Name:
Student ID:	Phone:
Email Address:	

PROGRAM INFORMATION		
TWU Program Name:		
TWU Faculty/Staff Leader:		
Abroad Location(s):		Semester:
Abroad Dates:	From:	To:

ESTIMATED PROGRAM COSTS	
Program Base Fee:	\$
Additional Accommodation Fees:	\$
Additional Meals:	\$
Additional Insurance:	\$
Passport/Visa/Immigration:	\$
Airfare (if not included in program base fee):	\$
Miscellaneous and Personal Expenses:	\$
Total	\$

Education Abroad Office Use Only	
Reviewed by:	Date: