

# FINANCIAL AID REVIEW FORM

## ATTENTION: GOVERNOR JACKSON

The following student will be participating in a TWU 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				
Program Provider:	Harlaxton	AIFS	API	ISA
Host University:				
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):	\$
Transportation in Host City:	\$
Independent Travel:	\$
Miscellaneous and Personal Expenses:	\$
<b>Total</b>	<b>\$</b>

Education Abroad Office Use Only	
Reviewed by:	Date: