WORKSHEET FOR FINANCING DOMESTIC/EXCHANGE PROGRAMS

INSTRUCTIONS: This form must be accompanied by a copy of the catalog statement or website information to indicate expenses for your program of study. Please obtain from the Office of the Dean of Studies.

DEADLINE DATES: Fall/full year program: MAY 1st, spring program, NOVEMBER 1st.

Name__________________________ Student I.D.#__________________ Class Yr: ____________

Exchange/Domestic Program: __________________________________________________________________________________________

Term away: Full:___ Fall: ____ Spring: ____ Date Program Begins:_________ Date Program Ends:________

Have you purchased Vassar’s Health Insurance? Yes_______ NO______

STUDY AWAY EXPENSES:

Tuition.......................... _______________
Room............................................. _______________
Board........................................... #meals______ _______________

Required fees: List separately:
(Do not include refundable fees)

____________________ _______________
____________________ _______________
____________________ _______________
____________________ _______________

Books/Personal Allowance..................
One Round Trip from home to institution: ........
TOTAL EXPENSES............................

____________________

Name & address of where credit balance is to be sent: (required)

Attention of:

_________________________________________<br>
_________________________________________<br>
_________________________________________<br>

Name & address of program: (required)

Attention of:

_________________________________________<br>
_________________________________________<br>
_________________________________________<br>

All information on this form is true and complete to the best of my knowledge. I realize that my scholarship will be based on the lesser of the cost to attend Vassar and the cost of the approved Domestic/Exchange Program. I understand that Vassar will not be responsible for costs that exceed the cost of attendance nor for replacing the loss of campus employment or summer earnings resulting from my participation in the program.

Student signature:__________________________ Date:__________

Jyabuddom 2/12/05