

**ANTICIPATED COSTS FOR INTERNATIONAL EXTERNSHIP/FELLOWSHIP PROGRAMS**

STUDENT'S NAME \_\_\_\_\_ SUFFOLK ID NUMBER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_

EXTERNSHIP/FELLOWSHIP PROGRAM \_\_\_\_\_

LOCATION OF EXTERNSHIP AND POSITION \_\_\_\_\_

DATES OF PROGRAM(S) \_\_\_\_\_

Please enter anticipated costs associated with the international externship/fellowship. ***Please note that you may only list expenses directly or indirectly associated with your externship/fellowship.*** Do not list costs for tourism or other expenses unrelated to your externship. Please provide details to assist us in verifying the cost. For example: \$900 for a roundtrip plane ticket from Boston to Vienna. Documentation of expenses may be required. Financial Aid may be reduced or canceled if expenses are deemed unreasonable.

<b>Anticipated Expense Item</b>	<b>Anticipated Cost – Description and Details – Do NOT include any costs for Galway Study Abroad Program. *</b>	<b>Amount</b>
<b>Tuition</b> Provided by financial aid counselor		
<b>Mandatory Travel Protection</b>		\$ 160
<b>Airfare</b> Provide details		
<b>Transportation between programs</b> (If doing more than one program) Provide details		
<b>Accommodation</b> Provide details		
<b>Meals</b> Provide details		
<b>Daily Transportation</b> (To and from placement) Provide details		
<b>Miscellaneous</b> (e.g. personal hygiene products)	<b>Include an addendum listing additional expenses if necessary.</b>	
<b>Student Loan Fees</b> Provided by financial aid counselor		
<b>TOTAL COSTS</b>		

I certify that the above-listed costs are as accurate as possible and reflect anticipated costs associated with the international externship/fellowship only. I agree to notify Mary Sawicki. Email: [msawicki@suffolk.edu](mailto:msawicki@suffolk.edu) and my [financial aid counselor](#) or email [RAMcenter@suffolk.edu](mailto:RAMcenter@suffolk.edu) if I do not complete the program.

Student signature \_\_\_\_\_ Date \_\_\_\_\_