



Study Abroad Office
 One Bernard Baruch Way, Box J-0810
 New York, NY 10010
 Phone: +1 646 312 2091 Fax: +1 646 312 2071
 e-mail: study.abroad@baruch.cuny.edu

“CONSORTIUM AGREEMENT”/ COST OF ATTENDANCE FOR STUDY ABROAD

Student Name: _____ **EMPL ID** _____ **SSN:** XXX - XX - _____

Host Institution: _____ **Sponsoring Institution:** _____

Term attending: _____ 20____

Dates of Study Abroad: From _____ to _____

Please read the following before signing below:

I have applied to the university/study abroad program named above to study abroad for the period indicated. I will be applying for a Study Abroad Permit to study abroad for ____ transferable credits.

I am applying to have the financial aid for which I am eligible applied to my study abroad and/or for a scholarship to help finance my study abroad. I am submitting the following detailed estimated cost of attending the study abroad program/institution listed above, broken down as follows:

Estimated Cost of Attendance (please give amounts in US dollars):

Tuition and fees	\$ _____
Housing	\$ _____
Food	\$ _____
Books and Supplies	\$ _____
Airfare	\$ _____
Local Transportation	\$ _____
Personal Expenses	\$ _____
Other(s) (specify)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Exchange rate applied (if applicable):
 _____ (local unit of currency) = \$ 1.00 US

Please attach **documentation** from the host university/study abroad program to support these estimates. If you pay a program fee that includes some of the itemized expenses listed here, please break down the costs to the best of your ability on this form.

I verify that the information I have supplied above is accurate to the best of my knowledge.

 Signature

 Date

To be completed by Director of Study Abroad at Baruch College:
 I certify that the cost estimate given above is accurate to the best of my knowledge.

_____ Signature Dr. Richard Mitten _____ Print name	_____ Director of Study Abroad _____ Title _____ Date
--	--