



# SCHOOL OF SOCIAL WORK

UNIVERSITY OF MICHIGAN

OFFICE OF STUDENT SERVICES and ENROLLMENT MANAGEMENT  
 1080 S. University Avenue | Room 1748 | Ann Arbor, MI 48109-1106  
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## Travel Cost Sheet

**Must be LEGIBLE with ALL items completed, indicating N/A where not applicable**

Name: \_\_\_\_\_ UMID#: \_\_\_\_\_

Current Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I have been approved for the following placement/independent study:

Term participating:      Winter Term 2026                      Spring/Summer Term 2026                      Fall Term 2026

Global Placement/Independent Study: City \_\_\_\_\_ Country \_\_\_\_\_

National Placement: Agency \_\_\_\_\_ State \_\_\_\_\_

Anticipated Travel Dates: Departing: \_\_\_\_\_ Returning: \_\_\_\_\_

How many total credit hours will you enroll in for the term participating?

Winter Term 2026                      Sp/Su Term 2026                      Fall Term 2026:

**Anticipated Expenses:**      Winter 2026      Sp/Su 2026      Fall 2026      Basis for Estimate

- Airfare
- Room/Board
- Program Fee
- Visa/Document Fees
- Transportation
- Food
- Health Insurance
- Travel Vaccinations
- Other: (Specify)

**TOTAL**

**Budget Notes:**

1. Enter N/A if a category is not applicable.
2. Provide a note indicating the basis for each budget item estimate.
3. Travel Insurance through GeoBlue is **required** for all students traveling international. The insurance costs \$1.88/day plus a \$5 administration fee.
4. Add "other" lines only if the expenses are necessary for the completion of your placement/independent study project. Do not include tuition or Michigan costs (e.g. rent in Ann Arbor, etc.)

**Comments/Unusual Circumstances:**

**IT IS YOUR RESPONSIBILITY TO KEEP THE OFFICE OF STUDENT SERVICES & ENROLLMENT MANAGEMENT INFORMED OF ANY CHANGES IN YOUR RESOURCES.**

**IT IS CRITICAL THAT YOU BE ACCURATE AND COMPREHENSIVE IN FILLING OUT THIS FORM AND THAT YOU KEEP A COPY FOR YOUR RECORDS. INDICATE N/A WHERE NOT APPLICABLE.**

I certify that all information submitted on this form is complete and correct.

Print Name:

Date:

Check Box to Sign