



SCHOOL OF SOCIAL WORK

UNIVERSITY OF MICHIGAN

OFFICE OF STUDENT SERVICES

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 #: _____

I have been approved for the following placement/special studies:

Global Placement/Special Studies: City _____ Country _____

National Placement: Agency _____ City _____ State _____

Term participating: Fall Term 2019: _____ Winter Term 2020: _____ S/S Term 2020: _____

Anticipated Travel Dates: Departing: _____ Returning: _____

How many total credit hours will you enroll for in the:

Term participating: Fall Term 2019: _____ Winter Term 2020: _____ S/S Term 2020: _____

Anticipated expenses:	Fall 2019	Winter 2020	SP/SU 2020	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 \$1.19/day plus a \$5 administration fee.
4. Add "other" lines only if the expenses are necessary for the completion of your placement/special studies project. Do not include tuition or Michigan costs (e.g. rent in Ann Arbor, etc.)

8) Comments/Unusual Circumstances:

IT IS YOUR RESPONSIBILITY TO KEEP THE OFFICE OF STUDENT SERVICES 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 _____

Email: _____