

# LEARNING ABROAD CENTER

UNIVERSITY OF MINNESOTA

# Custom Programs Information Form

The following information is required in order for the Learning Abroad Center to complete a *Letter of Understanding*, course registration, and billing procedures. Please complete this form and return it to your Learning Abroad Center contact six months prior to the start of your program.

**Program Title:** \_\_\_\_\_

**Program Location:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

Name of Instructor/Program Leader \_\_\_\_\_

Employee ID \_\_\_\_\_ Email \_\_\_\_\_

Name of Instructor/Program Leader \_\_\_\_\_

Employee ID \_\_\_\_\_ Email \_\_\_\_\_

## Learning Abroad Center Services

### Standard Services

- Program Fee Billing
- Course Registration
- Student and Faculty Leader Health Insurance
- Student and Faculty Online Health and Safety Orientation
- Learning Abroad Center Application Materials
- 24-Hour Emergency Support

### Additional Services (please check)

- Budget Development Assistance
- Program Design Assistance
- Visa Resources
- Advertising on Learning Abroad Center Website
- Online Program Evaluation Sent to Student Participants (Summary to Faculty Leader)

## Course Registration & Credit

The Learning Abroad Center is responsible for obtaining the course section in order to suppress the automatic tuition charge to the student. If you are not the person who normally establishes courses in your department, please solicit that person's assistance. Indicate the course information in the chart below and attach an additional sheet if more than two courses will be offered.

Dept. & Course #	Title	Undergraduate Level Credits	Graduate Level Credits	Grade Base
ARCH 4150 (example)	Architecture in Athens & Nicosia (example)	3 (example)	3 (example)	A/F (example)

### For Office Use Only:

	<b>Date</b>	<b>Initial</b>		<b>Date</b>	<b>Initial</b>
LAC Contact	_____	_____	Copy to Finance (ES)	_____	_____
LoU Sent to Dept (PD, APD)	_____	_____	Course Requested (AS)	_____	_____
Program Entered (ES)	_____	_____	Budget Estimate Prepared (PD, APD)	_____	_____
SACE Entered (ES)	_____	_____	Eval Target Send Date (PD, APD)	_____	_____

Notes:

## Program Fee, Deposit & Billing

Undergraduate Credit Program Fee (including deposit): \$ \_\_\_\_\_ Program Deposit: \$ \_\_\_\_\_

Graduate Credit Program Fee (if different): \$ \_\_\_\_\_

Deposit Billing Date: \_\_\_\_\_ Remaining Program Fee Billing Date: \_\_\_\_\_

Once students have completed the Confirmation and Payment Agreement form, their student account will be billed for the program deposit. The remaining balance will be billed on April 15 for May/Summer programs and December 1 for Spring Semester programs. Program fee funds will be deposited into a departmental account approximately one week after billing.

### This section to be completed by departmental finance contact:

#### Required Account String

Combo Code has been set up (please check)

Fund: 1026

Dept ID: \_\_\_\_\_ Program: \_\_\_\_\_

CF2: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Revenue Account: 520299

Expense Account: 720305

Departmental Contact for Finance Questions: \_\_\_\_\_ Email: \_\_\_\_\_

### Estimate of Total Program Expenses (required for students using financial aid)

*If you are working with a provider who is charging a single per-student fee for multiple services, please contact them for a cost breakdown. If a breakdown is not available, you may estimate.*

		Included	Not Included
Housing	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Meals included in program fee	\$ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meals not included in program fee	\$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation (airfare, trainfare, etc.)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Texts and materials	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Excursions/entrance fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Essential Daily Living Expenses (local transportation, incidentals, etc.)	\$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Required Visa/Immunizations	\$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Passport and Photos	\$115.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
International health insurance	\$28.50/month	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Please note, students studying abroad do not pay University of Minnesota service fees, including Boynton health insurance.*

### Non-University of Minnesota Students

Will non-University of Minnesota students be allowed to participate on your study abroad program? Yes  No

If yes, will the non-University of Minnesota students be assessed an additional fee? Yes  No

If yes, how much will you charge for the additional fee? \$ \_\_\_\_\_

### Learning Abroad Center

230 Heller Hall, 271 19th Avenue South, Minneapolis, MN 55455

612.626.9000 • 888.700.UOFM • 612.626.8009 (fax) • [UMabroad@umn.edu](mailto:UMabroad@umn.edu) • [www.UMabroad.umn.edu](http://www.UMabroad.umn.edu)