Study Group	Semester/Year	Date	
JULU GIOUD	JCITICS(CI/TCG)	Date	

STUDENT COST EVALUATION

Please provide the following information as accurately as possible.

It will be very useful for members of the next Study Group.

YOUR REPLIES WILL BE KEPT STRICTLY ANONYMOUS.

Completed forms should be submitted to Shelley Wyman at mwyman@colgate.edu

EXCHANGE	<u>RATE</u>						
	- ESTIMATE T		SE RATE DURING YOUR TIME A	BROAD			
PREPAID EX	PENSES (excluding tuiti	on)					
1) Check it	ems billed by Colgate:						
	Room	Board	Overseas flight	Surcharge			
	Special fee cove	ering several of these it	ems				
	None of these items billed by Colgate University						
2) \$	Cost of oversea	Cost of overseas flight if <u>NOT</u> billed by Colgate					
3) \$	Cost of domes	tic transportation to sit	e or to point of departure for i	nternational flight			
ON-SITE EXI	PENSES						
\$		all personal spending,	e Study Group, <u>NOT</u> including a i.e. for gifts or for travel before				
Estimate am	nount <u>of the above tota</u>	<u>l</u> spent for the following	g items:				
STUDY GRO	UP-RELATED EXPENSES	<u>i</u>					
1) \$	Room costs (if	not billed room by Cole	gate)				
2) \$	Food costs (Ch	eck one) Total	(if <u>not</u> billed by Colgate)				
		In add	dition to board billed by Colgat	e			
3) \$	tickets for con-	certs, plays and museur	ses <u>not</u> covered by Colgate (e.g ms, local transportation, etc.) T program of study – all student	hese are expenses which were			
PERSONAL I	<u>EXPENSES</u>						
4) \$	Miscellaneous		ersonal shopping, toiletries, gift	ts, entertainment, personal			
5) \$			ration travel during and immed ot include cost of overseas flig				