



Student Last Name	Student First Name	Student's BU ID Number
Student's Preferred Email address	Name of Host School	

To be completed by the Financial Aid Department at Host School:		
Term	Term Start Date	Term End Date
Course Title	Number of hours	Length of Class (Weeks)

Host School Cost of Attendance:	Amount
Tuition	\$
Mandatory Fees	\$
Room and Board	\$
Transportation	\$
Books	\$
Personal	\$
Other, describe item	\$
Total Budget / Cost of Attendance	\$

The Financial Aid department at Host School (insert Name): _____ agrees not to process any federal financial aid for the above student during the term dates indicated above.

Signature of Host School Official	Date
Host School Official Title	Contact number