

ONE-ON-ONE EXCHANGE PROGRAM REGISTRATION PAYMENT APPROVAL FORM

Student Name: _____ Student ID #: _____
Last First Middle

Name of Host

University/Location: _____

Student must pay California State University, Fresno fees prior to the start of each exchange semester (and by their fee payment date). Additionally, the student needs to provide funds for room and board, and personal expenses (see breakdown below). Please, indicate who will be responsible for payment for each semester.

Estimated semester costs:

Registration fee	\$ 3,155.50 (updated on Spring 2017)
Housing and meals	\$ 4,500.00 (varies depending on locations)
Personal expenses	\$ <u>3,000.00</u> (varies depending on locations)
TOTAL estimated costs	\$ <u>10,655.50</u>

_____ I will pay by the due date with my Personal Funds.

_____ I will use my Financial Aid Award.

_____ I will use my Scholarship Award.

_____ The person named below has agreed to be responsible for the payment of the registration fees.

Sponsor Name: _____

Address: _____
Street City State Zip

Phone: _____ Signature of responsible party: _____

OFFICE OF THE REGISTRAR (JA 106):

Action taken: _____ Full time student status: _____ Other: _____ Fall 20____ or/and Spring 20____

Registrar Signature

Date

CASHIER'S OFFICE:

Fee payment has been arranged for the following semester(s): Fall 20____ or/and Spring 20____

Cashier Officer Signature

Date

FINANCIAL AID OFFICE:

Fee payment has been arranged for the following semester(s): Fall 20____ or/and Spring 20____

Financial Aid Officer Signature

Date