

# PROGRAM PROPOSAL FORM



## PROGRAM

### INSTITUTION INFORMATION

--

INSTITUTION NAME

--	--

CONTACT NAME

EMAIL & PHONE

### SELKIRK COLLEGE INFORMATION

--	--

CONTACT NAME

EMAIL & PHONE

--	--

CONTACT NAME

EMAIL & PHONE

### TRAVEL DATES & PROGRAM INFORMATION

--	--	--

EXPECTED ARRIVAL DATE

CITY OF ARRIVAL

METHOD OF TRANSPORT

--	--	--

EXPECTED DEPARTURE DATE

CITY OF DEPARTURE

METHOD OF TRANSPORT

--	--	--

ENGLISH LEVEL TEST & ORIENTATION

CLASS BEGINS

CLASS ENDS

PROGRAM DETAILS:

--

**PROGRAM**

**INSTITUTION**



SAMPLE TIMETABLE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00~12:00	Core Class Communications	Core Class Communications	Core Class Communications	Core Class Communications	Core Class Communications
1:00~3:00	Seminar	CA Activity	Seminar	CA Activity	Seminar

**GRADE REPORTS**

IF GRADES ARE REQUIRED, PLEASE INDICATE HOW YOU WANT THE GRADES PRESENTED:

- Letter grade
- Number grades in 100 point scale
- Attendance in 100% scale
- Date required by: \_\_\_\_\_

**MANDATORY MEDICAL INSURANCE**

PROGRAM

INSTITUTION



# OPTION : ON CAMPUS STUDENT HOUSING

## PROGRAM COST

Application		<b>STUDENT HOUSING FEES</b>		<b>INSURANCE</b>	
Tuition		Deposit		Cost	
		Cost of Stay (July 1–31)		Length of stay	
Student Services Fee		Student Housing Fee			=
Learning Resource Fee				<b>OTHER EXPENSES</b>	
Student Union Fee		<i>Notes:</i>		Weekday Field Trip Fee	
Campus Activity Fee					
Discount Arrangement					
	=				=

**TOTAL COST : WITH INSURANCE**

**TOTAL COST : WITHOUT INSURANCE**

NOTES:

## PAYMENT METHODS