

# MADE Special Billing Agreement

**Institution:**

**Primary Study Abroad Contact:**

Name & Title:  
Address:  
City, State, Zip:  
Phone:  
Email:

**Primary Billing Contact: (if different than above) :**

Name & Title:  
Address:  
City, State, Zip:  
Phone:  
Email:

	Semester Programs	Summer Programs
<b>Application Deposit</b>	\$STUDENT INSTITUTION	\$STUDENT INSTITUTION
<b>Confirmation Fee</b>	\$STUDENT INSTITUTION	\$STUDENT INSTITUTION
<b>Educational Fees</b>	\$STUDENT INSTITUTION	\$STUDENT INSTITUTION
<b>Housing Fee</b>	\$STUDENT INSTITUTION	\$STUDENT INSTITUTION
<b>Program Additions or Changes</b>	\$STUDENT INSTITUTION	\$STUDENT INSTITUTION

**Additional Comments:**