

E.K.U. AVIATION PROGRAM

ADDITIONAL COST OF EDUCATION FORM

Student's Name	EKU ID Number
Address	Telephone Number

Course Number	Course Name	Additional Cost
TERMS COVERED BY BUDGET	SEMESTER:	TOTAL:

I certify that the above named student is pursuing a bachelor's degree in Aviation and the additional fees will be added to the student's cost of education.

_____ Chair

_____ Date

FINANCIAL AID OFFICE USE ONLY

	BUDGET	ADDITIONAL FEE	TOTAL
IN-STATE			
OUT-OF-STATE			

_____ SFAO AUTHORIZATION
