



The Center for the Study of
**Languages
and Cultures**

SUMMER LANGUAGE ABROAD GRANT PROGRAM

CHANGE OF PROGRAM FORM

Target Language: _____

Original Program & Budget: _____

New Program & Budget: _____

Reason for Change:

Breakdown of New Budget:

Airfare _____ Transportation _____ Tuition _____

Housing _____ Health Insurance _____

SLA Grant Recipient

Your Name _____ Major _____

Signature _____ Date _____

SLA Faculty Advisor

Advisor's Name _____ Dept _____

Advisor's Signature _____ Date _____

Please Submit a Digital Copy of the Signed Form to slagrants@nd.edu