UNIVERSITY OF ILLINOIS
at URBANA CHAMPAIGN

Study Abroad Office
910 S. Fifth Street, 115 ISB
Champaign, IL 61820, USA

Tel: (217) 333-6322
Fax: (217) 244-0249
E-mail: sao@illinois.edu

OFFICIAL STUDY ABROAD BUDGET

Name of Student: _____ UIN: _____

Sponsoring institution/foreign university: Arcadia - Accademia Italiana Florence

Location of program: Florence, Italy

Program Term: Summer 2011 (11 June- 23 July) Credits: 6-7

SIAA Program Fee		**$5,415**
SIAA Program Fee includes:		
Instruction and fees	$4,215	
Arcadia Instruction & Fees	3,850	
SIAA admin fees	365	
Miscellaneous fees	$1,200	
Housing	1,200	
SIAA Program Fee does not include:		
Meals		600
Supplies		100
Round-trip airfare		1750
Additional personal expenses		450
ESTIMATED SUB-TOTAL		**$8,315**
Range IV base rate tuition and fees*	**$**	**753**

** Reflect rates from the previous year and enrollment at Illinois approximately three years ago. Campus fees include General Fee and others. Individual rates will vary. For exact amounts, go to http://www.registrar.illinois.edu/financial/tuition.html.*

The above total cost is based partially on estimates and addresses basic necessities and light to moderate social expenses only. Costs can fluctuate as a result of changes in exchange rates, tuition increases, varying personal lifestyles, etc.

TO BE COMPLETED BY STUDY ABROAD ADVISOR:

Agreement File ID: 239512 **Agreement Expiration Date**: Open-ended

Study Abroad advisor's name and title: **Sherry Danielson, Europe Program Coordinator**

Date: _____ **Advisor's Signature: _____**

TO BE COMPLETED BY STUDENT:

As a recipient of financial aid from the University of Illinois, I understand that it is my responsibility to report to the Office of Student Financial Aid all scholarships for study abroad that I receive from the University of Illinois and/or any other institution.

I HAVE/WILL FILE FOR FEDERAL FINANCIAL AID: **YES _____** **NO _____**

Date: _____ **Student's Signature: _____**

If you are applying for financial aid, please **SIGN** this budget sheet and **SUBMIT** it to the **OFFICE OF STUDENT FINANCIAL AID**, Student Services Arcade (MC-303), 620 E. John Street, Champaign, IL 61820.