

UNIVERSITY OF ILLINOIS  
at URBANA CHAMPAIGN

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

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**OFFICIAL STUDY ABROAD BUDGET**

<b>Name of Student:</b> _____	<b>UIN:</b> _____
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Sponsoring institution/foreign university: Alliance Beijing - China Now

Location of program: Beijing, China

Program Term: Spring 2012 Credits: 12-18

<b>SIAA Program Fee</b>	<b>\$14,465</b>
<b><u>SIAA Program Fee includes:</u></b>	
Instruction and fees	<b>\$13,215</b>
Alliance Instruction and Fees	\$12,600
SIAA admin fees	615
Miscellaneous fees	<b>\$1,250</b>
Housing	1,250
<b><u>SIAA Program Fee does not include:</u></b>	
Meals	1200
Alliance program deposit	500
Visa	140
Round-trip airfare	1,600
Personal expenses (spending money, supplies, transportation, etc)	2,300
<b>ESTIMATED SUB-TOTAL</b>	<b>\$20,205</b>
<b>Range IV base rate tuition and fees*</b>	<b>\$1,053</b>
* 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 <a href="http://www.registrar.illinois.edu/financial/tuition.html">http://www.registrar.illinois.edu/financial/tuition.html</a> .	

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.

<b>TO BE COMPLETED BY STUDY ABROAD ADVISOR:</b>	
Agreement File ID: 239531	Agreement Expiration Date: May 2018
Study Abroad advisor's name and title:	Steven Dale, Coordinator of International Projects (Asia-Pacific)
Date: _____	Advisor's Signature: _____

<b>TO BE COMPLETED BY STUDENT:</b>	
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.