UNIVERSITY OF ILLINOIS at URBANA CHAMPAIGN

910 S. Fifth Street, 115 ISB

Study Abroad Office Tel: (217) 333-6322 Fax: (217) 244-0249 Champaign, IL 61820, USA E-mail: sao@illinois.edu

OFFICIAL STUDY ABROAD BUDGET

Name of Student:		UIN:	
Sponsoring institution/foreign university: Location of program:		London School of Economics and Political Science IFSA-Butler (SESSION 1 ONLY) London, England	ce
Location of program.		London, England	
Program Term: Summer 2012 (June 29 - July 21)		Credits: 3 hours	
SIAA Program Fee (billed to Illinois Student Account)		\$5,940	
SIAA Program Fee includes:		1-7	
Instruction and fees	\$4,300		
IFSA-Butler educational c		4	
SAO admin			
Miscellaneous fees	\$1,640]	
House House		4	
SIAA Program Fee does not include (items NOT billed to Illinois Sti	0 /		
Housing deposit (paid directly to IFSA-Butler)	adeni Accouni).	300	
Meals		600	
Books and supplies		150	
11	ional)	600	
Tier 4 visa application, visa consultant, and supporting materials (opt			
Round-trip airfare from Chicago (ORD) - London-Heathrow (LHR) (1,300	
Additional personal expenses (including cultural activities, pre-depart	ture resources,	600	
entertainment, cell phone, internet access, and local transportation)		Φ0.400	
ESTIMATED SUB-TOTAL		\$9,490	
Range IV base rate tuition and fees* (billed to Illinois Student		\$768	
* Reflect rates from the previous year and enrollment at Illinois appro	oximately three years ago. C	ampus fees include General Fee and others.	
Individual rates will vary. For exact amounts, go to http://www.regi	istrar.illinois.edu/financial/tı	uition.html.	
	TOTAL ESTIMATED CO	ST OF ATTENDANCE \$10	,258
The above total cost is based partially on estimates and addresses bas	sic necessities and light to mo	oderate social expenses only.	
Costs can fluctuate as a result of changes in exchange rates, tuition in	ncreases, varying personal life	estyles, etc.	
TO BE COMPLETED BY STUDY ABROAD ADVISOR:			
Agreement File ID: IFSAButler-SIAA study abroad 20110506	Agreement Expiration	Date: May 2016	
Study Abroad advisor's name and title:	Jerome Ng, Assistant I	Director	
Date:	Advisor's Signature:		
Date:	Advisor's Signature:		
Date: TO BE COMPLETED BY STUDENT:	Advisor's Signature:		
	stand that it is my responsibi	* *	
TO BE COMPLETED BY STUDENT: As a recipient of financial aid from the University of Illinois, I underst	stand that it is my responsibi	* *	

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.