

SALVE REGINA UNIVERSITY

BUDGET SHEET FOR STUDY ABROAD STUDENTS

Student Name: _____ Date: _____
 University Abroad: _____ City: _____
 Overseas Period: _____ Program Length: _____ weeks
 Program start date: _____ Semester break: _____ Program end date: _____
Your study abroad program's billing address to which payments may be sent:
 Address: _____ Website: _____

1	Salve Regina University Tuition (per semester)	
2	SRU Study Abroad Fee \$650	
	TOTAL A	

List your costs below in U.S. currency and indicate here the currency exchange rate used: _____ = 1 USD \$
 Consult www.xe.com or <http://www.oanda.com> for current exchange rates.

ADDITIONAL ESTIMATED EXPENSES (where applicable)

3	Program Application Fee	\$
4	Program Confirmation Deposit	\$
5	Housing Costs per semester	\$
6	Cost of Living Expenses (housing bills, may be included in #5)	\$
7	Meals Provided by Program	\$
8	Meals Not Provided by Program	\$
9	Lodging/meals during Academic Break (if school is closed)	\$
10	Discretionary Expenses (personal travel, entertainment, gifts)	\$
11	Mandatory Health Insurance (not ACE or SRU/parent insurance)	\$
12	Mandatory Excursions not already built into program costs	\$
13	Local Transportation (in-country)	\$
14	Other Equipment Required by the Program (mobile phones)	\$
15	Books and Supplies (include lab fees)	\$
16	Passport Fee/Passport Renewal Fee	\$
17	Student Visa Fee	\$
18	Immunizations (not covered by insurance)	\$
19	Domestic Airfare (to get to international arrival/departure airport)	\$
20	International Airfare (round trip)	\$
21	Transcript Fees (if applicable)	\$
	TOTAL B	

Total A + Total B = TOTAL C \$ _____

22	Federal, State, and Other Aid available during semester abroad	\$
23	Institutional Aid available during semester abroad	\$
	TOTAL D	

24	Additional Study Abroad Scholarship Money Earned for study abroad (non-SRU)	\$
	TOTAL E	

Subtract **Total D** and **E** from **Total C** to determine the *remaining balance* **TOTAL F \$** _____

To the student's Financial Aid Counselor: I have reviewed the estimated financial information above with the student. Please note the estimates above may change when the student's financial aid package is confirmed.

Name _____ Signature _____ Date _____