



Program: _____ Length: _____

Income and Financial Resources

Income _____
Savings _____
Financial Aid _____
Scholarships _____
Loans _____

What does my program fee include?

Housing Y/N _____
Meals Y/N _____
Excursions Y/N _____
Insurance Y/N _____
Other _____

Extra Travel: _____

Airfare/Travel _____
Lodging _____
On-site transportation _____
Entertainment _____
Restaurants/Food _____
Extra activity costs _____
Visas/Fees _____
Total _____

Expenses

One-time expenses

Tuition _____
Program Fee _____
Airfare _____
Emergency Savings _____
Passport/Visa Fees _____
Application Fees _____
Unexpected Fees _____

Total _____

Monthly expenses

Food _____
Housing _____
Entertainment _____
Cell phone _____
Shopping _____
Transportation _____
Internet Connection _____
Books and Supplies _____
Personal Items _____

Total _____ x _____ days/months= _____

Extras

Trip 1 _____
Trip 2 _____
Trip 3 _____
Souvenirs _____

Total _____

Grand Total _____

Money Smart Checklist

- ✓ Leave front and back copies of debit/credit cards with a parent or guardian
- ✓ Make a list of all financial usernames/passwords for your parent or guardian
- ✓ Consider linking your parent's account with your own for simple emergency money transfers

Study Abroad Budget Worksheet

DePaul University Study Abroad: Budget Worksheet			
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<i>Expense Items</i>	<i>Staying on Campus - Undergraduate Estimates</i>		<i>Studying Abroad</i>	
	Quarterly	Yearly	Program Option 1	Program Option 2
Tuition	\$ _____	\$ _____	\$ _____	\$ _____
Program Fee				
Items that may not be included in Program Fee				
International Health Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Housing and/or Meal	\$ _____	\$ _____	\$ _____	\$ _____
Transportation to & from the program site	\$ _____	\$ _____	\$ _____	\$ _____
Passports/Visas/Required Documents/Photos	\$ _____	\$ _____	\$ _____	\$ _____
Required Immunizations	\$ _____	\$ _____	\$ _____	\$ _____
Texts/Materials	\$ _____	\$ _____	\$ _____	\$ _____
Essential Daily Living Expenses	\$ _____	\$ _____	\$ _____	\$ _____
US Health Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Total Cost	\$ _____	\$ _____	\$ _____	\$ _____
Additional Spending Money	\$ _____	\$ _____	\$ _____	\$ _____