

## **FACULTY-LED PROGRAM BUDGET SHEET**

**Program Details** 

Faculty Leader(s): Dr. Soumia Bardhan
Name of Program: Intercultural Communication in France/Spain

Course Term: Spring 2019 Course Dates: 11/1/18-1/19/19 Study Tour Term: Winter/Spring Study Tour Location(s): France, Spain Date Created: 6/15/2018 Type of Program: Faculty Led Number of Credits at K-State: 3 Number of Credits at Host: 0 Graduate or Undergraduate: GR Advisor: Brent Holliday

**COST SUMMARY** 

Faculty Led Study Abroad Program Fee	<u>Amount</u>	Paid to:
Transportation in the Host Country	\$ 502.00	
OIP Administrative Fee	\$ 300.00	
Lodging/Accomodation	\$ 650.00	
Events/Tours/Admissions	\$ 271.00	
International Health Insurance	\$ 17.84	
Bank Wire Fees	\$ 10.00	
Gratuities/Tips	\$ 10.00 \$ 40.00	
Faculty Leader Expenses	\$ 791.78	
SUBTOTAL	\$2,582.62	KSIS
Estimated K-State Tuition and Fees		
Faculty Led Study Abroad Tuition	\$ 1,243.80	
OIP Fee - Global Campus	\$ 25.00	
SUBTOTAL	\$ 1,268.80	KSIS
Estimated Personal Expenses		
Airfare	\$ 1,325.00	
Incidentals	\$ 100.00	
Passport	\$ 135.00	
Individual Meals and Tips	\$ 420.00	
SUBTOTAL	\$ 1,980.00	Out-of-Pocket
TOTAL	\$5,831.42	

These amounts are estimates, not guarantees. This budget sheet assesses total estimated expenses based on current tuition, fees, and personal expenses. Actual costs are subject to change in accordance with university fee increases and variations in individual enrollment, travel, housing, and spending.

As part of your acceptance to this program, you must sign this Faculty-Led Program Budget Sheet and return this document (digital or hard copy) to Education Abroad in advance of the program's deadline. You cannot gain acceptance to your program without submitting this signed document.

I have read, understand, and agree to all of the policies listed in the Conditions of Participation for Faculty Led Programs in my application. I know that, once I commit to this program in my application, I agree to uphold all of these policies, including the Finances, Billing, Financial Aid, Withdrawal, Refunds, Dismissal, Termination, and Cancellation policies.

Participant Name (Please Print Legibly):		
Wildcat ID #:		
Participant Signature:	Date:	
Parent or Legal Guardian Signature (If Participant is Unde	r Eighteen Years of Age):	