



OISS

Office of International Students and Scholars UC Santa Barbara

SPONSORED STUDENT TUITION & FEES FORM

Name of Student: _____

Perm Number: _____

Name of your Academic Department: _____

Name of Sponsoring Agency: _____

TUITION, FEES & HEALTH INSURANCE AMOUNTS TO BE BILLED TO YOUR SPONSORING AGENCY.

(We can only key in the regular quarterly fees that are assessed. We cannot submit any extra or additional fees,

Eg: Letters & Science fees, etc. If your Dept/Professor is paying your fees, you will have to inform us)

<u>PLEASE ENTER EXACT DOLLAR AMOUNT</u>	
NON RESIDENT TUITION:	\$ _____
FEES:	\$ _____
HEALTH INSURANCE: <i>(If you are not being charged Health Insurance enter 0)</i>	\$ _____
TOTAL AMOUNT:	\$ _____

QUARTER TO BE CHARGED FOR: *(Please Circle One)*

FALL: **WINTER:** **SPRING:** **SUMMER:**

FEE PAYMENT DEADLINES: **Fall Quarter 2011:** **09/22/2011**
 Winter Quarter 2012: **01/09/2012**
 Spring Quarter 2012: **04/02/2012**