



OISS

Office of International Students and Scholars UC Santa Barbara

SPONSORED STUDENT TUITION & FEES FORM (SUMMER)

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. PLEASE ENTER EXACT DOLLAR AMOUNT.

(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)

SUMMER SESSION CAMPUS BASED FEE

\$ _____

FEES: \$ _____

HEALTH INSURANCE: \$ _____

(If you are not being charged Health Insurance enter 0)

TOTAL AMOUNT: \$ _____