

**UNIVERSITY OF CALIFORNIA EDUCATION ABROAD PROGRAM
VISITING EXCHANGE FUNDING WORKSHEET**

Name _____, _____ Gender: Male/Female
Last First (Circle One)

Home University and Department _____

Duration of Stay (Month/Day/Year) From: _____ To: _____

Home University Contact: _____
(Name/ Title)

Support or funding will be provided by: *(Please use U.S. currency or specify type of non-U.S. currency.)*

Sponsor Name	Estimated or Actual Amount
Education Abroad Program	
Home University (Name):	
Country/Government Sponsorship (Specify):	
Personal Funds/Other	
Total of All Available Funds:	

CAMPUS MINIMUM LIVING EXPENSE REQUIREMENT ESTIMATE				
UC Campus	Single	With Spouse	With Spouse & 1 Child	With Spouse & 2 Children
Berkeley	\$1,800	\$2,300	\$2,500	\$2,700
Davis	\$1,600	\$2,020	\$2,230	\$2,440
Irvine	\$1,400	\$1,800	\$2,000	\$2,200
Los Angeles	\$1,550	\$2,104	\$2,363	\$2,622
Merced (UCB)	\$1,800	\$2,300	\$2,500	\$2,700
Riverside	\$1,000	\$1,500	\$1,800	\$2,000
San Diego	\$1,500	\$2,300	\$2,700	\$3,100
San Francisco	\$2,958	\$3,100	\$3,410	\$3,751
Santa Barbara	\$1,500	\$2,000	\$2,250	\$2,500
Santa Cruz	\$1,800	\$2,800	\$3,300	\$3,800

NOTE: Health insurance costs are not included in the above.