

SIUC On-Campus Tuition Fee Schedules Fall 2003

Undergraduate Student Tuition and Fees

Hours	Resident Tuition	Student Fees	Illinois Resident Total	Non Resident Tuition	Student Fees	Non Resident Total
1	\$ 141.50	\$ 302.48	\$ 443.98	\$ 283.00	\$ 302.48	\$ 585.48
2	283.00	332.96	615.96	566.00	332.96	898.96
3	424.50	363.44	787.94	849.00	363.44	1,212.44
4	566.00	393.92	959.92	1,132.00	393.92	1,525.92
5	707.50	424.40	1,131.90	1,415.00	424.40	1,839.40
6	849.00	454.88	1,303.88	1,698.00	454.88	2,152.88
7	990.50	485.36	1,475.86	1,981.00	485.36	2,466.36
8	1,132.00	515.84	1,647.84	2,264.00	515.84	2,779.84
9	1,273.50	546.32	1,819.82	2,547.00	546.32	3,093.32
10	1,415.00	576.80	1,991.80	2,830.00	576.80	3,406.80
11	1,556.50	607.28	2,163.78	3,113.00	607.28	3,720.28
12	1,698.00	638.15	2,336.15	3,396.00	638.15	4,034.15
13	1,839.50	638.15	2,477.65	3,679.00	638.15	4,317.15
14	1,981.00	638.15	2,619.15	3,962.00	638.15	4,600.15
15+	2,122.50	638.15	2,760.65	4,245.00	638.15	4,883.15

Physician Assistant Bachelor of Science Degree Program

Hours	Resident Tuition	Student Fees	Illinois Resident Total	Non Resident Tuition	Student Fees	Non Resident Total
12	\$ 3,400.00	\$ 638.15	\$ 4,002.40	\$ 6,800.00	\$ 638.15	\$ 7,402.40

Tuition and fees are subject to change whenever conditions necessitate.

Undergraduate Student Fees Distribution

Hours	STS	Student Attorney Center	Student Activity	Student Recreation	Athletic Fund	Campus Recreation	Medical	Revenue Bond	Mass Transit	Total	
1	\$ 3.00	\$ 5.00	\$ 5.50	\$ 2.43	\$ 6.41	\$ 8.16	\$ 0.20	\$ 264.00	\$ 4.95	\$ 2.83	\$ 302.48
2	3.00	5.00	11.00	4.86	12.82	16.32	0.40	264.00	9.90	5.66	332.96
3	3.00	5.00	16.50	7.29	19.23	24.48	0.60	264.00	14.85	8.49	363.44
4	3.00	5.00	22.00	9.72	25.64	32.64	0.80	264.00	19.80	11.32	393.92
5	3.00	5.00	27.50	12.15	32.05	40.80	1.00	264.00	24.75	14.15	424.40
6	3.00	5.00	33.00	14.58	38.46	48.96	1.20	264.00	29.70	16.98	454.88
7	3.00	5.00	38.50	17.01	44.87	57.12	1.40	264.00	34.65	19.81	485.36
8	3.00	5.00	44.00	19.44	51.28	65.28	1.60	264.00	39.60	22.64	515.84
9	3.00	5.00	49.50	21.87	57.69	73.44	1.80	264.00	44.55	25.47	546.32
10	3.00	5.00	55.00	24.30	64.10	81.60	2.00	264.00	49.50	28.30	576.80
11	3.00	5.00	60.50	26.73	70.51	89.76	2.20	264.00	54.45	31.13	607.28
12+	3.00	5.00	66.00	29.25	77.00	98.00	2.50	264.00	59.40	34.00	638.15

The Student Medical Benefit Fees (\$264.00) comprise of the SMB Primary Care Fee (\$130.00) and the SMB Extended Care Fee (\$134.00). They fund a comprehensive Student Health Program that includes emergency service, hospitalization, primary and specialty physician care; emergency dental care; and prevention programs. Students who pay the Primary Care Fee are entitled to medical benefits at the Student Health Programs Clinic. Students who feel they have comparable insurance coverage may apply for a refund of the SMB Extended Care Fee. Refund applications must be submitted to the Student Medical Benefits Office by Friday of the second week of a fall or spring semester, or by Friday of the first week of a summer session. For more information contact the Student Medical Benefit Office, 618-453-4413. Tuition and fees are subject to change.

