



Affidavit of Financial Support

For International Graduate Students Entering in 2011/2012
University of Michigan-Flint

Applicant

INSTRUCTIONS: Please read this information carefully. Failure to follow instructions may result in a delay in processing your immigration document. You are required to certify the availability of US **\$22,754** for your expenses (**not** including dependents) for the first year.

Applicant's Personal Information

Last Name (Family Name)	Gender
First Name (Given Name)	Date of Birth (month/day/year)
City and Country of Birth	Country of Citizenship
Country of Legal Permanent Residence	Program of Study
Current Occupation	Proposed Term of Admission
E-mail address	UMID Number (if known; 8 digits)

If currently in the U.S., indicate visa type: _____. If you currently have an F-1 or J-1 visa, you must attach a copy of your most recent I-20 or DS-2019, passport, I-94 card, and visa. Failure to provide a copy will delay the processing of your immigration document.

Documentation of Funds

Complete this form and provide all documentation as required. Please note:

- Official and original dated documents must be provided. Photocopies and faxed documents are **NOT** acceptable.
- All documents must be in English; translations must be signed and sealed by the appropriate government or bank official.
- All supporting documentation must be dated within one year of initial enrollment (six months if the sponsor is living in the U.S.).

Personal Funds

- Complete the **Affidavit of Financial Support** and submit an official dated bank statement for each individual contributing financially to your education. In case of jointly held accounts, each individual holder must complete the sponsor section.
- Together, all funds must equal the **TOTAL ESTIMATED EXPENSES (\$22,754)** for the first year of study.
- If your sponsor is a Permanent Resident or citizen of the U.S., a completed I-134 form, including an official bank statement, is required. Form I-134 is available at: <http://www.uscis.gov/files/form/I-134.pdf>.

Government/Employer/Organization Funds

- Submit a detailed letter from the sponsor indicating the exact dollar amount for tuition/fees, living expenses, books and supplies, and health insurance.
- The letter must include the field of study and dates of sponsorship.
- The letter must be original and on official letterhead.
- If your sponsor will not provide all estimated expenses, it is your responsibility to provide documentation of personal funds.

Estimated Student Expenses (September-April)

Tuition and fees for two semesters	\$12,629
Living expenses (housing, food, utilities)	\$7,287
Health insurance (full year)	\$1,188
Books and supplies	\$750
Transportation	\$400
Miscellaneous Expenses	\$500
TOTAL ESTIMATED EXPENSES	\$22,754*

*subject to change

Estimated Dependent Expenses (12 months)

Spouses living expenses, not including health insurance	\$5,000
Each additional dependent's living expenses	\$2,700
Mandatory health insurance for one dependent	\$4,932
Mandatory health insurance for more than one dependent (family coverage)	\$8,676

Transportation costs to and from the U.S. are not included. In addition to the above estimated costs, allowances must be made for educational and related expenses. Estimates for tuition, books, living expenses, and miscellaneous expenses for optional Spring and Summer terms are *not* included. **Health insurance is required for all F-1 or J-1 visa students and their dependents. Students are automatically enrolled in the university policy at their own expense. Students who have a comparable policy or purchase one can request to opt out of the university plan by completing a waiver form**

Sponsor(s) Section

FIRST SPONSOR

Name of Sponsor (please print) _____ Relationship to Student _____

Address of Sponsor _____

I will provide (check one): ___ **full financial support** ___ **partial financial support** in the amount of \$ _____ per year for the applicant's (and dependents, if applicable) tuition, fees, and living expenses for the entire length of study at the University of Michigan-Flint. As verification that funding is available, I have attached an original bank statement(s) or letter(s). (Please indicate applicant's name on all financial documents.)

Signature of sponsor _____ **Date** _____

SECOND SPONSOR (if applicable)

Name of Sponsor (please print) _____ Relationship to Student _____

Address of Sponsor _____

I will provide **partial financial support** in the amount of \$ _____ per year for the applicant's (and dependents, if applicable) tuition, fees, and living expenses for the entire length of study at the University of Michigan-Flint. As verification that funding is available, I have attached an original bank statement(s) or letter(s). (Please indicate applicant's name on all financial documents.)

Signature of sponsor _____ **Date** _____

Applicant Section

Dependent Information (if applicable)

Dependent Name (Last, First)	Relationship to You	Birth Date (month/day/year)	City, Country of Birth	Country of Citizenship

Applicant Declaration: I, _____ hereby promise that the information provided is correct and complete. I understand I ultimately am responsible for all anticipated yearly expenses for the length of my stay at the University of Michigan-Flint. I understand that these documents will not be returned to me.

Signature _____ **Date** _____

Please return both pages of the Financial Affidavit of Support form and I-20/ DS-2019 Mailing Form in an envelope to:

International Center
University of Michigan-Flint
219 University Center
303 E. Kearsley St.
Flint, MI 48502-1950
U.S.A.



I-20/DS-2019 Mailing Form

Important Information Required Before Mailing I-20/DS-2019

We send I-20s by regular airmail through the United States Postal Service (USPS) free of charge. We can send the I-20/DS-2019 via UPS for a \$30.00 charge. The UPS service must be paid for with a credit card. Please indicate below how you would like us to send the I-20/DS-2019.

- Please send my I-20/DS- 2019 by regular airmail (no charge)
- Please send my I-20/ DS-2019 via UPS

METHOD OF PAYMENT

Visa MasterCard Discover

Card Number _____

Expiration Date _____ Card Holder Signature _____ Security Code* _____
(MM/YY)

Cardholder's Name (as it appears on the card) _____



If payment for the UPS courier service is not received, the I-20/DS-2019 will automatically be sent through USPS mail.

Address Verification. Please provide the mailing address where you would like to receive your immigration document. Please print clearly.

Name _____

Address _____

(This may not be a Post Office box)

City _____ Country _____ Postal Code _____

Telephone (required): _____