INTERNATIONAL STUDENT FINANCIAL DECLARATION FORM

**FUNDING SUPPORT DOCUMENTATION GUIDELINES**

Please submit, along with this form, documentation for ALL sources of expected funding. This may include bank statements, scholarship/fellowship letter, Graduate Assistantship letter. Documentation must meet the following guidelines:

- **ALL DOCUMENTS MUST BE ORIGINAL. NO PHOTOCOPIES OR SCANNED VERSIONS ACCEPTED.**
- Issued within past 3 months
- If documents are in a foreign language, an official translation to English must accompany the document.
- For bank statements, must identify the account holder and currency (can be local currency)
- For personal and family funding, must be liquid funds such as savings/banking statements or certificates of deposit (no investment fund statements, salary/income confirmation, property verification, credit lines, etc.).
- If you are being funded by a personal sponsor (like a family member) your personal sponsor must complete Part 2: Personal Sponsor Declaration of this form and have the form notarized.

**PART 1: STUDENT DECLARATION**

I hereby declare that I will have funding available to cover estimated expenses for the duration of my program at UConn. I have attached support documentation to demonstrate I can readily meet expenses for at least the first academic year of study in my program, and I expect to maintain the same level of funding for future years in my program, acknowledging that UConn Health fees may increase in future years. I understand that I am responsible for all additional expenses incurred if I decide to stay in the U.S. when my program does not require summer/winter enrollment in its curriculum.

Degree Level:  
- [ ] Master’s  [ ] Doctorate  [ ] Certificate

Field of Study: ______________________________________

Student’s Name ____________________________________________  Signature of Student __________________________  Today’s Date ________________

**PART 2: PERSONAL SPONSOR DECLARATION (REQUIRED IF YOU ARE FUNDED BY AN INDIVIDUAL, FAMILY MEMBER, FRIEND, ETC.)**

I, ____________________________, agree to provide ____________________________, my ____________________________, with financial support to study at the University of Connecticut Health Center.

Specifically, I will provide for each year of study $____________ USD per year and I have provided my financial statement.

Sponsor’s Name: ____________________________

Sponsor’s Signature: ____________________________  Date: ____________________

**Notary Public – (required if the financial sponsor is in the U.S.)**

I, ____________________________, witnessed the signing of this document______________.

Print name of Notary Public ____________________________  [Seal]

by the person providing funds on ________________.

Date

Signed ____________________________  Date Commission Expires ____________________________

*If you checked “Bachelor’s”, please send all documents for I-20 DIRECTLY to the UConn Office of Undergraduate Admissions at: 2131 Hillside Rd, Unit 3088, Storrs, CT 06269-3088 Fax: 860.486.1476  Email: beahusky@uconn.edu

Notary Public – (required if the financial sponsor is in the U.S.)

I, ____________________________, witnessed the signing of this document

Print name of Notary Public ____________________________  [Seal]

by the person providing funds on ________________.

Date

Signed ____________________________  Date Commission Expires ____________________________

Please return all documents along with I-20 Request Form to International Office, Department of Human Resources, UConn Health Center MC 4035.