

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 list currency equivalence in USD.
- For personal and family funding, **must be liquid funds such as savings/banking statements or certificates of deposit (will not accept 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" on 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 Health. 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

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 _____,
(sponsor's name) (student's name) (student's relationship to sponsor)

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

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 this form along with the I-20 Request Form to your academic department administrator.