

### 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 \_\_\_\_\_,  
(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** – (required if the financial sponsor is in the U.S.)

I, \_\_\_\_\_, witnessed the signing of this document

Print name of Notary Public

by the person providing funds on \_\_\_\_\_.

Date

[Seal]

\_\_\_\_\_  
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**