

Affidavit of Financial Support

For ELP, Undergraduate, Graduate, and Exchange Students

For what program are you applying?					
	English Language Program		Graduate		
	Undergraduate		Exchange		
APPLICANT'S PERSONAL INFORM	MATION				
	a carefully. Failure to follow instructions the estimated expenses (not including dep			migration document. You are required to two for estimated expenses for	
Last Name (Family Name)		Gender	☐ Male ☐ Female		
First Name (Given Name)		Date of 1	Birth (month/day/year)		
City and Country of Birth		Country	of Citizenship		
Country of Legal Permanent Residence Major					
Current Occupation			Proposed Term of Admission		
E-mail Address	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.					
PLEASE PROVIDE THE MAILING ADDRESS WHERE YOU WOULD LIKE TO RECEIVE YOUR IMMIGRATION DOCUMENT. PLEASE PRINT CLEARLY.					
Name:					
Address:					
City	Country	Postal C	ode	Telephone	

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 equate the total estimated expenses for each semester 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.

www.umflint.edu/international

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Estimated Expenses Worksheet

		2501111
		UNI
EJ	Estimated Student Expenses (September – April)	
UNDERGRADUATE PROGRAM	Tuition and Fees	\$18,372
- A ≥	Living Expenses	\$9,210
S. GI	Health Insurance	\$1,401
)ERC PRO	Books and Supplies	\$750
N	Miscellaneous Expenses	\$900
1	Total Estimated Expenses*	\$30,633
	*Subject to change	

R	GRADUATE PROGRAMS	
	Estimated Dependent Expenses	
	(12 month)	
	Spouses living expenses, not including health	\$5,000
	insurance	
	Each additional dependent's living expenses	\$2,700
	Mandatory health insurance for one dependent	\$5,121
	Mandatory health insurance for more than one	\$8,850
	dependent (family coverage)	

			GR
ΑМ	Estimated Student Expenses (September – April)		
PROGRAM	Tuition and Fees	\$12,336	
2R(Living Expenses	\$9,210	
	Health Insurance	\$1,401	
GRADUATE	Books and Supplies	\$750	
ΑD	Miscellaneous Expenses	\$900	
GR	Total Estimated Expenses* *Subject to change	\$24,597	

Estimated Dependent Expenses (12 month)	
Spouses living expenses, not including health insurance	\$5,000
Each additional dependent's living expenses	\$2,700
Mandatory health insurance for one dependent	\$5,121
Mandatory health insurance for more than one dependent (family coverage)	\$8,850

æ	Estimated Student Expenses (September – April)	
ENGLISH LANGUAGE PROGRAM	Tuition and Fees	\$11,000
Z Z	Living Expenses	\$9,210
L/J	Health Insurance	\$1,401
LISH PRO	Miscellaneous Expenses	\$700
ENG	Total Estimated Expenses* *Subject to change	\$22,311

ENGLISH LANGUA	GE PROGE	RAN
Estimated Student Expen (May-July)	ses	
Tuition and Fees	\$5,500	
Living Expenses	\$4,605	1
Health Insurance	\$701	
Miscellaneous Expenses	\$350	
Total Estimated Expenses* *Subject to change	\$11,156	

M	
Estimated Dependent Expenses (12 month)	
Spouses living expenses, not including health insurance	\$5,000
Each additional dependent's living expenses	\$2,700
Mandatory health insurance for one dependent	\$5,121
Mandatory health insurance for more than one dependent (family coverage)	\$8,850

	Estimated Student Expenses	
	(One Semester Fall OR Win	ter)
₩	Living Expenses	\$4,605
EXCHANGE PROGRAM	Health Insurance	\$701
	Books and Supplies	\$375
	Transportation	\$200
	Miscellaneous Expenses	\$450
	Total Estimated Expenses*	\$6,331
	*Subject to change	

EXCHANGE PROGRAM		
Estimated Student Expenses		
(Two Semester – Fall AND Winter)		
Living Expenses	\$9,210	
Health Insurance	\$1,401	
Books and Supplies	\$750	
Transportation	\$400	
Miscellaneous Expenses	\$900	
Total Estimated	\$12,661	
Expenses*		
*Subject to change		

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 and 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.

www.umflint.edu/international
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Sponsor(s) Section				
FIRST SPONSOR Name of Sponsor (please print)		Relationship to Student		
Address of Sponsor				
I will provide (check one):fu if applicable) tuition, fees, and livi attached an original bank statemen	Il financial support partial fing expenses for the entire length out(s) or letter(s). (Please indicate approximately partial financial)	inancial support in the amount of soft study at the University of Michiga pplicant's name on all financial doc	per year for tan-Flint. As verification that truments.)	the applicant's (and dependents, funding is available, I have
Signature of sponsor		Date		
SECOND SPONSOR (if applical Name of Sponsor (please print)	ble)	Relationship to Student		
Address of Sponsor				
I will provide partial financial sup- for the entire length of study at the (Please indicate applicant's name of	University of Michigan-Flint. As	per year for the applicant's (ar verification that funding is availab		tuition, fees, and living expenses l bank statement(s) or letter(s).
Signature of sponsor		Date		
APPLICANT SECTION NOTE: Dependents can only be a Dependent Information (if applie		t copies of each dependents passpor	t to make their immigration d	locuments (I-20/DS-2019)
Dependent Name	Relationship To You	Birth Date (MM/DD/YYYY)	City, Country of Birth	Country of Citizenshiip
Applicant Declaration: I, hereby promise that the information provided is correct and complete. (Applicant's printed name) 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	D	Pate		
Please mail the completed Affidavit of Financial Support 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.				

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