



**GRADUATE AND PROFESSIONAL
DECLARATION AND
CERTIFICATION OF FINANCES**

08/09

**OFFICE OF ADMISSIONS
AND RECORDS (MC 018)**

University of Illinois at Chicago
Box 5220
Chicago, Illinois 60680 USA

Print Last Name _____ First _____ Middle _____

Proposed term of enrollment (check one term only):
 Fall Spring Summer Year _____

Number and Street _____

Please indicate visa type: _____

City/Town _____ State/Country _____ (ZIP) _____

University Identification Number (UIN): _____
(Please insert the student I.D. number that appears on our previous correspondence to you.)

In order to determine eligibility for a Certificate of Eligibility (Form I-20A or DS-2019), it is necessary for all international applicants to submit complete and accurate information regarding their sources of financial support. This information is required by the University of Illinois at Chicago in compliance with regulations set forth by the U.S. Citizenship and Immigration Services for all students planning to enter the United States under its auspices. You are required to submit evidence that you will have sufficient funds to cover the amount below for at least one academic year.

The current cost of study at UIC is described below. The evidence of financial resources which we are requesting you to present is frequently required by consulate officials before a visa is granted. We, therefore, recommend that you make and maintain for your personal use copies of all documents submitted. **WE DO NOT RETURN OR PROVIDE YOU WITH COPIES OF THESE DOCUMENTS. Please note that tuition and fees are subject to change without notice.**

**FINANCIAL AID IS NOT AVAILABLE TO INTERNATIONAL STUDENTS.
Estimated expenses for 2008-2009 (Subject to change without notice.)**

	9-Month Program														12-Month Program					
	All other depts.	Engin. (excludes Energy Engin.)	Energy Engin.	Nursing	MArch, MFA	MS Health Design-Arch	Bio-med Vis.	Social Work	Public Health	Occupational Therapy	MBA Real Est. Acct. MIS	MHA	Public Admin., Urban Planning	Med Biotech	LAS Sciences	Doctor of Physical Therapy	PharmD	Adv. Dent. Cert.	Dent.	PhD. Bio. Sci.
Living Expenses (\$1,250/month x 9)	11,250	11,250	11,250	11,250	11,250	11,250	11,250	11,250	11,250	11,250	11,250	11,250	11,250	11,250	11,250	15,000	15,000	15,000	15,000	15,000
Books & Supplies	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,099	1,389	1,099	1,099	1,099	1,099	1,099	1,599	1,599	1,599	1,599	1,599
Tuition & Fees	25,353	27,433	32,291	33,237	27,543	33,353	30,105	26,119	28,091	28,553	33,391	32,661	29,353	29,651	26,353	31,823	37,468	25,527	72,053	39,529
Totals	37,702	39,782	44,640	45,586	39,892	45,702	42,454	38,468	40,440	40,902	46,030	45,010	41,702	42,000	38,702	48,422	54,067	42,126	88,652	56,128

IMPORTANT NOTE: The following will be additional expenses if you plan to attend summer school: Books: \$500.00; Living Expenses: \$3,750.00; Tuition & Fees for Graduate: \$6,789.00.

Indicate TOTAL, including summer and additional expenses, if appropriate: \$ _____

ATTACH PROOF OF THIS AMOUNT (IN U.S. DOLLARS)

Additional Expenses

Some programs will include extra expenses, for example, Architecture and the Arts, Health/Medical Sciences, etc. Please consult with your program for further information.

Financial Certification Form

Read the instructions thoroughly and complete the appropriate information on the back page.

- I. **PERSONAL RESOURCES:** If you personally or a member of your family will provide the financial resources for educational and living expenses, you must (1) complete the appropriate section on the second page and (2) attach certified proof of available funds (in U.S. dollars) for the first year of your program by means of an official bank statement (savings account) or other official evidence (current money market accounts or current certificates of deposit). CHECKING ACCOUNTS ARE NOT ACCEPTABLE
- II. **OTHER RESOURCES:** If you will be sponsored by a government, business, agency, or private grant or scholarship, the sponsor or official designee must complete the appropriate section on the second page. Please attach the official contract or agreement when returning this form. THE INFORMATION MUST INCLUDE THE EXACT OR MINIMUM AMOUNT OF U.S. DOLLARS WHICH WILL BE PROVIDED EACH YEAR AND THE LENGTH OF TIME THIS MONEY WILL BE AVAILABLE. WE CANNOT ADMIT YOU WITHOUT THIS INFORMATION.

(OVER)

Immigrant Information

Are you now in the United States? Yes No
If yes, circle the non-immigrant status held: F1 F2 J1 J2 Other (specify type) _____

SEVIS Number _____ Admission (I-94) number: _____

If no, circle the visa desired: F1 J1 Marital Status: Single Married

City and country of birth _____ Country of Citizenship _____

Date of Birth _____ Country of Residence _____

Dependent Expenses

If you will be accompanied by your spouse and/or children, you must certify to the U.S. Embassy or consular office that you have additional financial resources before dependent visas can be issued. The approximate expense per month for a spouse is \$500 and \$365 for one child. You are also advised to purchase health insurance for accompanying dependents. The current rate per semester for the spouse is \$568 and \$1,000 for a spouse plus one or more children. These rates are subject to change. You should provide for a contingency fund of \$800 to \$1,600 in order to facilitate your initial establishment in the Chicago area. Please note these figures are subject to increase without notice. Please submit the name, country of birth, date of birth, and relationship to you of all dependents.

Please check appropriate box:

I plan to come alone. I plan to have my dependents come later. I plan to bring the following dependents with me:

Last name: _____

First name: _____

Relationship to student: _____

Date of birth: _____

City of birth: _____

Country of birth: _____

**FINANCIAL SUPPORT VERIFICATION
TO BE COMPLETED BY ALL STUDENTS**

Please fill out the appropriate section depending on where you derive your financial support while a student at the University of Illinois at Chicago.

1) PERSONAL SAVINGS

Print name of bank _____ Amount of savings \$ _____

2) PARENT(S) AND/OR SPONSOR(S)

This is to verify that I am willing and able to support and maintain the above mentioned student for the amount indicated for every year of his/her stay at the University of Illinois at Chicago.

Print name of sponsor _____ Amount of savings \$ _____

Relationship of sponsor to applicant _____ Occupation(s) _____

Sponsor's address _____

3) GOVERNMENTAL AGENCY

Print name of agency _____ Amount of savings \$ _____

NOTE: Enclose with this form a signed copy of letter of award.

4) COMPANY SPONSOR

Print name of company _____ Amount of savings \$ _____

Print name of company designee _____ Signature _____

NOTE: This person must have sole ownership over company funds as outlined in the financial statement.

5) UNIVERSITY OF ILLINOIS at CHICAGO

Print type of support _____ Amount of savings \$ _____

This document **MUST** be signed and dated by both the student and sponsor in order for the student to be considered for admission.

I understand that withholding information requested on this Certification or giving false information may make me ineligible for admission to the University or subject to dismissal if admitted. I have read and understand all of the instructions and information on this Certification and certify that the statements I have made are correct and complete.

Signature of student _____ Date _____

Sponsor's signature _____ Date _____