

PLEASE READ THIS INFORMATION CAREFULLY. FAILURE TO FOLLOW INSTRUCTIONS WILL RESULT IN A DELAY IN PROCESSING YOUR IMMIGRATION DOCUMENT.

If you need an I-20, the University Of Michigan School Of Public Health is required by U.S. government regulations to obtain documentation proving that you have adequate financial resources to provide for your expenses and the expenses of your dependents for the duration of your program. Therefore, you are required to certify the availability of sufficient funds in the form of bank statements and/or proof of support from a sponsor. See page two to calculate minimum expenses.

Requirements for Documentation of Funds

- 1) An official and original dated **bank statement** must be provided.
- 2) All accounts must be easily accessible and liquid assets.
- 3) Photocopies, scanned, faxed documents or electronic attachments are **NOT** acceptable.
- 4) All documents must be in English. Otherwise, an official English translation must accompany the original.
- 5) All supporting documentation must be dated within one year.
- 6) Letters of sponsorship must include exact dollar amount of support (in US dollars) and dates of sponsorship.

NOTE: The following documents are **NOT** acceptable:

- statements verifying employment and salary
- insurance premiums and policies
- property or personal assets (automobiles, land, buildings, jewelry, etc.)
- non-liquid assets such as stocks, bonds, equities, retirement accounts
- income tax returns
- attestations stating only that a sponsor can meet the expenses

The following means of support may be included to meet the Total Estimated Expenses for one year of study:

Personal funds from student

- Provide bank statement in your name, meeting the requirements described above.

Family or other individual funds

- Each individual contributing financially to your education must complete the ***Affidavit of Financial Resources*** and submit an official dated bank statement. In case of jointly held accounts, each individual holder must complete an ***Affidavit***.

Financial support from Government/Organization/Employer sponsor

- A detailed letter from the sponsor indicating the exact dollar amount being provided, in US funds. This letter must be on official letterhead and include the dates of sponsorship. The letter must be dated within one year.

Financial sponsorship by University of Michigan

- A detailed letter on department letterhead indicating the dollar amount and dates of the award. If a stipend is included, the exact amount must be specified. If possible, itemize amounts of tuition, living expenses, health insurance, etc. provided in the award. The letter must be dated within one year.



This is a worksheet for U-M students to calculate the estimated expenses and sources of financial support when requesting a new I-20. If you are required to demonstrate less than one year of funding, calculate per month accordingly. Attach funding documents to this worksheet and submit in conjunction with an I-20 request form.

UMID # _____	Uniqname _____	SEVIS ID # N _____
Name of Student _____		
Last	First	Middle

1. Estimated student expenses (without dependents) for one year or _____ months

Expense	One Year (2 Terms)	Per Month	Total Estimate (fill in)
Tuition and Fees	\$36,778		\$ _____
Living expenses	\$15,600	\$1,300	\$ _____
Books & supplies (Fall/Winter only)	\$1,200	\$600 (per term)	\$ _____
Health Insurance	\$1,068	\$89	\$ _____
TOTAL (A) FOR STUDENT			\$ _____

Notes: Living expenses include housing, food, utilities, transportation, and personal items.
PhD candidates do not need to include expenses for books and supplies.

2. Estimated dependent expenses (in addition to the above estimated student expenses)

Expense	One Year	Per Month	Total Estimate (fill in)
One dependent living expenses	\$5,000	\$417	\$ _____
Each additional dependent	\$2,700	\$225	\$ _____
Health Insurance for 1 dependent	\$3,348	\$279	\$ _____
Insurance for 2 or more dependents	\$6,696	\$558	\$ _____
TOTAL (B) FOR DEPENDENTS			\$ _____

***TOTAL (A plus B) ESTIMATED EXPENSES FOR STUDENT PLUS DEPENDENTS \$ _____**

3. Student's Means of Support

Personal Funds		\$ _____
Funds from U-M	<input type="checkbox"/> GSRA <input type="checkbox"/> GSI <input type="checkbox"/> Fellowship <input type="checkbox"/> Scholarship	\$ _____
Funds from Family/Sponsor	Specify Source(s): _____	\$ _____

*** TOTAL AMOUNT OF FINANCIAL SUPPORT (must equal or exceed estimated expenses above) \$ _____**

Applicant Declaration: I, _____ (student's printed name) hereby promise that the information provided is correct and complete and that my funding meets the requirements outlined above. I understand I am responsible for all anticipated yearly expenses (and those of my accompanying dependents) for the length of my stay at the University Of Michigan School Of Public Health.

Applicant signature _____ Date: _____