UNIVERSITY *of* ST. THOMAS

Educating Leaders of Faith and Character

Graduate Affidavit of Financial Support

Please read carefully and answer all questions regarding the source(s) of financial support while attending the University of St. Thomas. Under U.S. law, the university must have evidence of adequate financial resources before issuing an I-20. Please complete and return this form with the appropriate documentation. **Once received, this form will become the property of the University of St. Thomas. You should retain another original for your visa interview. An I-20 form will not be issued to you until you have been fully admitted to the University of St. Thomas.**

Name of Student: _____

Relationship to student: ☐ Self ☐ Relative/Other: _____ ☐ Government Agency

Sponsor's Information

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ E-mail: _____

Place of Birth (city and country): _____ Country of Citizenship: _____

Financial Resources	Amount (U.S. Dollars)
Personal Funds Attach official bank statement/letter	$
Family Funds/Sponsor Attach bank statement/letter and letter from sponsor	$
Scholarship Attach award letter or Financial Guarantee	$
Other Specify source and attach proof of support	$
TOTAL (must equal or exceed anticipated expenses)	$

ESTIMATED COSTS FOR THE 2013-2014 ACADEMIC YEAR		
Tuition: $1040/credit hour	**On-Campus**	**Off-Campus**
Tuition (based on 9 hours Fall & Spring semesters only)	$18,720.00	$18,720.00
Fees	$360.00	$360.00
Room and Board	$7,900.00	$9,682.00
Books & Supplies	$1,050.00	$1,050.00
Personal Expenses	$1,982.00	$1,982.00
Transportation	$1,726.00	$2,582.00
Medical Insurance	$850.00	$850.00
TOTAL	$32,588.00	$35,226.00

I certify that the information included in this document is correct and complete and that I shall not require additional financial assistance from the University of St. Thomas. I understand that deliberately providing false information is grounds for denial or for withdrawal of an acceptance. Furthermore, if there are any changes in my financial situation, I will immediately notify the International Student Advisor at the University of St. Thomas.

_____ _____

Sponsor's Signature Date

_____ _____

Student's Signature Date

Office of International Student and Scholar Services I 3800 Montrose Blvd. I Houston, Texas 77006 I Phone: 713-525-3503 I Fax: 713-831-7851