

# International Students

## Graduate Affidavit of Financial Support

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### **To be used by students financially dependent on the support of others.**

If you need a new I-20, Western Connecticut State University is required the U.S. government regulations to determine whether you have adequate funding for tuition, fees and living expenses for the duration of your stay in the United States. International Services will be unable to process your request for a new I-20 until funding documentation is complete.

### **Nine (9) Month Academic Term 2024-2025 – Graduate Studies**

Tuition and Fees	\$19,397
Room	\$11,370
<b>Total Amount</b>	<b>\$30,767 USD</b>

*Additional funds may be needed to allocate towards health insurance, board, and books, transportation and/or additional miscellaneous items for the year.*

*\* You may purchase health insurance online at this website:*

[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

*\*You are required to have health insurance.*

### **Documentation of Funds**

Complete each page of this form and provide documentation as required. All documentation of sources of support that you submit must:

- Include sponsor's name
- Be dated within the last 12 months; and
- Be written in English

### **Affidavit of Support**

A separate affidavit is required for each sponsor. The total funds on the affidavit(s) must equal the total estimated expenses indicated above.

### **Bank Statement**

Each personal sponsor (friends or family) must provide a statement or letter from the bank showing U.S. dollars or type of currency where the account is held totaling the amount needed. The sponsor on the Affidavit of Financial Support and the account holder on the official bank statement must be the same.



As verification that funding is available, I have attached one or multiple bank statements. \_\_\_ I will provide full support for spouse and/or children if accompanying applicant to the United States. As verification that funding is available, I have attached one or multiple bank statements.

**Personal Sponsor**

Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that the information given by me on this form is complete and accurate and I understand that misrepresentation on this form may be cause for rescinding admission.

Signature of Sponsor: \_\_\_\_\_

Date: (mm/dd/yyyy): \_\_\_\_\_

**Affidavit of Support from Funding Agency (government, organization or institution/school)**

**Directions:** Please ask your funding agency to complete the following:

We, \_\_\_\_\_ (name of sponsor), hereby certify that we will pay the following expenses associated with tuition, fees, books, health insurance and living expenses for \_\_\_\_\_ (student) and, if applicable, health insurance and living expenses for spouse and children.

Study is approved for \_\_\_\_\_ (degree) in \_\_\_\_\_ (field of study) at Western Connecticut State University is effective from \_\_\_/\_\_\_/\_\_\_ (mm/yyyy) to \_\_\_/\_\_\_/\_\_\_ (mm/yyyy). Total (U.S. Dollars) per year for \_\_\_\_\_ years.

Signature of Sponsor: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Official Title: \_\_\_\_\_

Office or Division: \_\_\_\_\_

Address: \_\_\_\_\_ Address

where tuition and fees will be billed, if applicable:

\_\_\_\_\_

Please affix official seal of funding institution if available.

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