

International Students

Graduate Affidavit of Financial Support

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 and Board	\$21,116
Total Amount	\$40,513 USD

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

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

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.

Estimated Expenses

\$ _____

This amount represents an estimate of expenses associated with continuing your program of study at WCSU.

Student Information

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ WCSU Email: _____

Country of Birth: _____ City of Birth: _____

Country of Residence: _____ Country of Citizenship _____

Current Status:

____ F-1 ____ Other ____

Student's Declaration

I, _____ (applicant's printed name), hereby promise that the information provided is correct and complete. I understand that I am ultimately responsible for all expenses associated with my stay in the United States.

Signature of Applicant _____

Date (mm/dd/yyyy) ____/____/____

Affidavit of Support from Personal Sources (family or friends)

Directions: Ask your personal sponsor(s) to complete the appropriate sections below. A separate affidavit is required from each sponsor. The sponsor and the account holder on the official bank statement must be the same.

Check all that apply:

____ I will provide **full financial support** for the applicant's educational and living expenses for the entire length of study at WCSU. As verification that funding is available, I have attached one or multiple bank statements.

____ I will provide **partial financial support**. Amount per year: \$ _____

Duration of Support:

____ All Study Years ____ 2nd Year Other: ____

____ 1st Year ____ 3rd Year

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.
