



**Confidential Declaration of Financial Resources
For International Graduate Studies Applicants**

The applicant and their sources of financial support complete this form. All signatures must be original. Bank/ financial statements must be certified or attested. *Calculate all amounts in US dollars (USD).*

<u>Estimated Annual Expenses (2021-2022)</u>	<u>9 months</u>
Tuition and Fees	\$18,747
Housing and Dining	\$ 8,758
Books and Course Materials	\$ 1,000
Transportation	\$ 700
Personal	\$ 3,000
Insurance	\$ 1,754
TOTAL	\$33,959.00

Applicant Name _____
Surname (Family) Given (First) Middle

<p>Home Address (Required) (Please print complete addresses in the format most commonly used. Include all postal codes.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Mailing Address (if different than Home)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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E-mail Address (Required): _____

Mobile Phone (Required). Include country code: _____

Country of Birth: _____ Country of Citizenship: _____

Desired Visa Status: (check one)	Student (F-1) <input type="checkbox"/>	Exchange Visitor (J-1) <input type="checkbox"/>	
	Temporary Worker (H-1B) <input type="checkbox"/>	Other <input type="checkbox"/>	
	Dependent of H-1 (H-4) <input type="checkbox"/>	(Please specify) _____	

GENERAL INFORMATION

1. Expected starting semester: Fall Spring Summer Year 20_____
2. Do you have dependents? Yes No
3. Will any of your dependents accompany you to this country? Yes No



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FINANCIAL SUPPORT INFORMATION - *This information is required to determine financial need.*

Please answer all questions. New students may also apply for graduate assistantships and/or nonresident tuition waivers.

4. Father:	Mother:
_____	_____
Name	Name
_____	_____
Age	Age
_____	_____
Occupation	Occupation
_____	_____
Annual Income	Annual Income
_____	_____
Employer	Employer

5. Parents: (Please check) Married Divorced Mother deceased Father deceased

6. List any siblings and their ages:

7. Are any siblings in college? Yes No
If yes, who and where are they attending? _____

8. Do you provide monetary support to your family? Yes No
If yes, how much and how often? _____

9. List your family's average annual expenses (in US Dollars)

Food:	\$ _____
Clothing:	\$ _____
Housing: Rent/Mortgages	\$ _____
Taxes:	\$ _____
Other:	\$ _____
TOTAL	\$ _____

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10. Value of family assets:

Land & Buildings: \$ _____
Automobiles: \$ _____
Savings: \$ _____
Investments: \$ _____
Debts: \$ _____
Other: \$ _____

11. YOUR SPONSOR or GUARANTOR

Name: _____
Occupation: _____
Employer: _____
Annual Gross income: _____

18. Does your government impose any restrictions on the release of funds for study in the United States?
Yes No

I certify that the funds indicated herein (pages 1 through 4) are available for all of my graduate studies at the University of Wisconsin Oshkosh. **All amounts are shown in US dollars.** Further, I certify that the above information is correct and complete. I understand that providing false or misleading information may result in a denial or withdrawal of admission and/or enrollment in classes and may jeopardize my student visa status.

Signature of Applicant

Date

<<< PAGE #4 Must be Completed and Included with this Document >>>



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Please PRINT. Indicate a **USD amount** for each numbered category. Be certain to list an amount in the appropriate category under BOTH the first and second year columns. Also **provide financial documents and statements** to substantiate the amounts. Attach additional documents if necessary.

TO SOURCES OF FUNDS LISTED

An official certification means you have read the information furnished by the applicant on this form, agree that it is a true and accurate statement, and that funds shown are available and will be provided for educational expenses as indicated.

SOURCE OF FUNDS	Year 1 of Studies (USD)	Year 2 of Studies (USD)	Official Certification
1. PERSONAL	\$ _____	\$ _____	NOT APPLICABLE
2. PARENTS	\$ _____	\$ _____	SIGNATURE OF PARENTS: _____ _____ DATE: _____
3. SPONSOR or GUARANTOR Name _____	\$ _____	\$ _____	SIGNATURE OF SPONSOR or GUARANTOR: _____ ADDRESS: _____ _____ DATE: _____
4. NAME OF GOVERNMENT GRANT OR SCHOLARSHIP	\$ _____	\$ _____	NAME OF AGENCY: _____ (NOTE: INCLUDE WITH THIS FORM AN OFFICIAL COPY OF YOUR AWARD/NOTICE)
5. OTHER (SPECIFY) _____ _____			
TOTAL	\$ _____ **	\$ _____ **	

** - This amount must meet or exceed the total of estimated expenses on page #1 of this form.