FINANCIAL STATEMENT OF INTERNATIONAL STUDENTS
GRADUATE

This form must be fully completed before an I-20AB or DS-2019 can be sent to you. It is your responsibility to demonstrate that sufficient funding is available to meet all university and living expenses for one year of your studies and that such funding will be available to you for the duration of your academic program. Forms that are incomplete or lacking satisfactory documentation will be returned. Serious delays will be avoided by paying careful attention to each item.

1. **Student Name**

2. **Source of Funds**

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Amount in U.S. Dollars</th>
<th>You Must Submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Savings</td>
<td>$</td>
<td>Original Certified Bank Statement</td>
</tr>
<tr>
<td>Family Funds</td>
<td>$</td>
<td>Original Certified Bank Statement</td>
</tr>
<tr>
<td>Other Sources</td>
<td>$</td>
<td>Original Certified Bank Statement</td>
</tr>
<tr>
<td>Government Scholarship</td>
<td>$</td>
<td>Official Letter of Funds and Duration of Award</td>
</tr>
<tr>
<td>Other Scholarship</td>
<td>$</td>
<td>Official Letter of Funds and Duration of Award</td>
</tr>
</tbody>
</table>

3. **Sponsor** (to be completed by the sponsor):

   This is to certify that I, ________________________________
   (Sponsor’s name printed)

   will provide funds in the amount of at least $32,025 (U.S.) per year for tuition, fees, living expenses ________________________________
   (Student’s name printed)

   This level of support will continue for the duration of the program of study. Further, I understand that I am responsible for any and all debts incurred by the student while attending the University of New Haven.

   Sponsor’s annual income (in U.S. dollars): ________________
   Sponsor’s relationship to student: ________________

   Sponsor’s Address:

   ________________________________

   ________________________________
   ________________________________

   Sponsor’s Signature

   ________________________________
   ________________________________

To be signed by student: I certify that the statements given by me in this form are complete and accurate. Furthermore, I take all financial responsibilities should my source of funding, as specified above, be interrupted or stopped; and I understand that the University of New Haven cannot give any financial assistance in scholarship form and that permission for employment is difficult to obtain from the U.S. Department of Immigration and Naturalization.

Student’s Signature ________________________________ Date ________________

Revised 03/2021