

UNIVERSITY of WISCONSIN

*Superior*

Wisconsin's Public Liberal Arts College

# Financial Verification Form

PLEASE COMPLETE THIS FORM CAREFULLY AND FULLY IN ORDER TO AVOID DELAYS IN YOUR ADMISSION. ALL INFORMATION IS REQUIRED UNLESS OTHERWISE INDICATED. TYPE OR PRINT CLEARLY. SIGN IN INK.

*In compliance with U.S. immigration regulations, the University of Wisconsin-Superior cannot provide you with the Certificate of Eligibility (I-20 form) needed to apply for a student visa until you have demonstrated that you can be financially responsible for all your anticipated educational and living expenses while you are in the United States. By completing and signing this form, you are certifying that the information is a correct statement of your arrangements for financing your studies. Understand that the purpose of this requirement is to prevent you from having financial difficulties after arriving at this university. U.S. regulations govern international student employment in the U.S. This university cannot be expected to provide you with financial assistance beyond any that may already have been offered to you.*

## PERSONAL INFORMATION

**Name** Write your name exactly as it appears on your passport. Underline your family name.

**Date of Birth** mm/dd/yyyy

**Country of Citizenship**

**Desired Entrance Date:**

Fall (August)    Spring (January)   Year \_\_\_\_\_

**I Am Applying As A:**

Master's Degree-Seeking Student

**Expected Number of Years to Complete your Studies:**

# FUNDING *(See page 3 for instructions)*

Source of Funding	Amount of Funding (U.S. Dollars)			
	Assured Support First Year	Projected Support Second Year	Projected Support Third Year	Projected Support Fourth Year
<b>Personal Sponsor #1</b> <i>(relative, friend or employer)<sub>1</sub></i>  Name _____  Relationship to student _____				
<b>Personal Sponsor #2</b> <i>(relative, friend or employer)<sub>1</sub></i>  Name _____  Relationship to student _____				
<b>Government/Agency Sponsor</b> <i>(if applicable)<sub>2</sub></i> Name of Government, Educational Institute or Scholastic Organization: _____				
<b>UW-Superior Tuition Award Program (NTW Grants)<sub>3</sub></b> <i>(indicate anticipated award)</i>				
<b>TOTAL<sub>4</sub></b>	<b>\$28,555</b>			

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

## 1 FOR PERSONAL SPONSORS

Please, enclose *both* of the following *required* documents:

- 1) **Original bank statement or letter** with the following information:
  - a) opening date
  - b) deposits during the previous three-month period, and
  - c) current balance indicating enough funds to pay for the first year of assured support by the personal sponsor.

**AND**

- 2) Sponsors not in the U.S. must provide an **original letter of sponsorship** verifying their intention to cover the applicant's expenses for the duration of their studies in the U.S. Sponsors in the U.S. must submit an **Affidavit of Support** (U.S. Citizenship & Immigration Services Form I-134, available online at <http://uscis.gov/graphics/formsfee/forms/i-134.htm>).

## 2 FOR AGENCY SPONSORS

Please, enclose the following required document: Your **ORIGINAL** award letter

- 3 **UW-Superior Tuition Award Program (NTW Grants)** If you are unsure about your anticipated TAP Award level, please contact [international@uwsuper.edu](mailto:international@uwsuper.edu) to inquire.

## 4 TOTAL

As required by U.S. immigration law, the total is an estimate of all related expenses (not just tuition, fees, room and meals) and includes estimates for living expenses, books, health insurance, and estimated travel and personal expenses. It also includes a 5% increase from the current year's total. For projected support (2<sup>nd</sup> year), please allow for a 5% annual increase.

### Additional Notes on Completing the Funding Table

- ◆ Applicants are required to complete the table for the number of years they expect to study at UW-Superior. Freshman applicants must complete all four years. Graduate degree-seeking students must complete the expected number of years of attendance.
- ◆ The amount of support indicated for the personal sponsor(s), government/agency sponsor and UW-Superior NTW Award must equal or exceed the total in the final row.
- ◆ Sponsors must submit personal financial/bank documents that show sufficient funds to pay for the amount assured as indicated for the *first year of study only*.

### **FINANCIAL/BANK DOCUMENTS MUST:**

- ◆ **be original letters with ink signatures and stamps** (photocopies and fax copies cannot be accepted)
- ◆ **be written in English** (or in original language accompanied by an official translation)
- ◆ **show money amounts in local currency with conversions into US dollars**
- ◆ **include both the sponsor's name and your name exactly as it appears on the application**
- ◆ **be dated within six months of initial enrollment at UW-Superior**

*Please note you should request additional original documentation to present to the U.S. Consulate or Embassy when requesting a student visa and to the immigration officials when entering the United States.*

## FOR THE SPONSOR

*This is to certify that I have read the information furnished by the applicant of this form, and that the funds are available and will be provided as specified. I am fully aware that any false or misleading statement may result in denial of admission or cancellation of registration following enrollment.*

Print Name

Signature

Date

Telephone Number

Fax/Email

Address Street and Number, City, Province/State, Postal Code and Country

## FOR THE APPLICANT

*I hereby certify that all statements on this form are true and accurate and that the stated funds are available for my educational expenses at the University of Wisconsin-Superior. I will notify the University immediately of any changes in my financial circumstances. I understand that the submission of inaccurate information can be considered sufficient cause to terminate my application or enrollment. Furthermore, I understand that under the Family Education Right to Privacy Act, the UW-Superior Office of International Programs cannot release information about my file to anyone without my written permission.*

Signature

Date

**PLEASE RETURN  
COMPLETED FORM AND  
ADDITIONAL REQUIRED  
DOCUMENTS TO:**

**Office of Graduate Studies  
University of Wisconsin-Superior  
Swenson Hall 2024, P.O. Box 2000  
Superior, WI 54880 USA**