



AFFIDAVIT OF FINANCIAL SUPPORT

FAMILY (LAST) NAME	GIVEN (FIRST) NAME	MIDDLE NAME
UNIVERSITY EMAIL ADDRESS		UUID

Estimated Budget: 9 months

The expenses shown below reflect estimated costs for a student carrying a full-time course load for fall and spring semesters. Actual fees may vary based on specific program fees or the number of credits carried each semester. These estimates are subject to change.

	Undergraduate	Graduate
Tuition and Fees	\$19,824	\$19,242
Living Expenses (Room, board, books, insurance)	\$13,000	\$13,000
Total	\$32,824	\$32,242

Costs for books and supplies vary depending on number of credits carried per semester and courses taken. Medical care can be very expensive in the U.S. Students are required to have health insurance for themselves and their family. UofM offers student health insurance, but students can opt out of UofM health insurance if they provide proof of another health insurance policy with comparable coverage.

STUDENT INFORMATION:

Please fill out this data completely and provide copies of passports and proof of funding for each dependent listed.

	Family (Last) Name	First (Given) Name	Middle Name
Spouse (\$6,000)			
Child 1 (\$3,000)			
Child 2 (\$3,000)			
Child 3 (\$3,000)			

ANNUAL SUPPORT

Please fill out the following and upload the necessary bank statements or sponsorship letters to your Tiger Portal. Please choose all that are applicable.

- I will be sponsoring myself
- My family will be sponsoring me
- A third party will be sponsoring me

The statements below must be completed. In addition, a bank statement or other form of documentation of financial support must be provided to assure that funds are available for the first year of study. Fees are determined annually and are subject to change. Keep a copy of these documents for your records. It may be necessary to show verification of financial status at the U.S. Port of Entry.

SPONSOR'S STATEMENT

I do hereby guarantee to support the applicant with \$_____ for each academic year that the applicant is a student at University of Memphis.

PRINTED NAME OF SPONSOR

SIGNATURE OF SPONSOR

Date

RELATIONSHIP TO APPLICANT

APPLICANT'S STATEMENT

Please check off each box below before adding your signature and date below.

I certify that all statements on this form are true and accurate, and that funds will be provided and made available to me as specified above for the duration of my studies at University of Memphis.

I will notify University of Memphis of any changes in my financial circumstances or that of my sponsor.

I understand that, should I be admitted and register, failure on my part or that of my sponsor to provide the needed funds will result in cancellation of my registration and termination from the program at University of Memphis.

I authorize UofM to send bills to and communicate with my sponsor as necessary to assure payment of outstanding charges to University of Memphis.

Date

Applicant's Signature

SIGN COMPLETE LEGAL NAME