



Graduate Studies

Confidential Declaration of Financial Resources
For International Graduate Studies Applicants

This form is to be completed by both the student and his/her sources of financial support. All signatures must be original. Bank statements must be officially stamped or sealed. All amounts are to be calculated in US dollars.

Table with 2 columns: Expense Category and Amount. Rows include Tuition and Fees, Housing and Dining, Books and Course Materials, Transportation, Personal, Insurance, and a TOTAL row.

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

Home Address (Required) Mailing Address (if different than Home)
(Please print complete addresses in the format most commonly used. Include all postal codes.)

Four horizontal lines for entering home and mailing addresses.

E-mail Address (Required): _____

Mobile Phone (Required). Include country code: _____

Country of Birth: _____ Country of Citizenship: _____

Desired Visa Status: Student (F-1) [] Exchange Visitor (J-1) []
Temporary Worker (H-1B) [] Other []
Dependent of H-1 (H-4) [] (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 Age Occupation Annual Income Employer

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

6. List any brothers and sisters and their ages:

7. Are any brothers and sisters 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: 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 A bank official's signature is required if the applicant is partially or totally supported by personal funds.	\$ _____	\$ _____	SIGNATURE OF BANK OFFICIAL: _____ TITLE: _____ ADDRESS OF BANK: _____ _____ DATE: _____ SEAL: _____
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.