

The University of Connecticut Graduate School  
 438 Whitney Road Extension  
 Storrs, CT 06269-1006  
 Telephone # (860) 486-3617, Fax # (860) 486-6739

**INTERNATIONAL GRADUATE STUDENT FINANCIAL DECLARATION FORM  
 Fall 2009/Spring 2010**

This declaration must be filled out, signed, and returned along with current supporting documentation (bank statements, affidavits of support, etc.) **before** a visa eligibility form (I-20 or DS-2019) can be issued. This form is to show how you plan to meet all expenses throughout your academic degree program. **Note:** Supporting documents **must** be original - photocopies and faxed documents will not be accepted.

***This form should be returned with your application for admission. If you are completing this form after your acceptance to the University, please complete and return this form to the address above.***

<b>Source of Funding</b> (fill in the table with amounts available and provide the required documentation)	<b>Support for First Year</b>	<b>Estimated Support for Future Years</b>
<b>Personal Funds</b> (official bank statement(s) attached)	\$	\$
<b>Family Funds</b> (bank statement(s) and an affidavit from family member attached)	\$	\$
<b>Graduate Assistantship</b> (letter of award attached)	\$	\$
<b>Personal Sponsor</b> (bank statement(s) and affidavit of support from sponsor attached)	\$	\$
<b>*Government Sponsor</b> (signed confirmation letter detailing terms of award attached)	\$	\$
<b>Other Sources</b> (please specify)	\$	\$

**\*International Sponsored Student Fee:** a fee of \$300.00 per semester is charged to all international students who apply through and are funded by governmental, quasi-governmental, private, or public organizations.

**DECLARATION:** I hereby declare that the information I have provided herein is true to the best of my knowledge. In addition, I fully understand that I am required, at the time of registration, to show evidence of adequate insurance coverage for basic medical and major medical coverage throughout the time that I am a student at the University of Connecticut.

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Family) (First) (month/day/year)

SIGNATURE OF APPLICANT: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 (month/day/year)

Student ID NUMBER or Social Security Number : \_\_\_\_\_

**The University of Connecticut**  
**Statement of Expenses for International Graduate Students, Storrs Campus**  
**Fall, 2009/Spring, 2010**

Required University Tuition and Fees	No G.A.	With G.A.
Non-Resident Tuition (two semesters)	\$24,534	\$24,534
General University Fee (two semesters)	\$1,170	\$1,170
Other Fees (two semesters)	\$606	\$606
Deposit Account (one time fee-balance is refundable)	\$50	\$50
Cooperative Bookstore Account (one time fee - balance is refundable)	\$25	\$25
<b>Total Required University Tuition and Fees</b>	<b>\$26,385</b>	<b>\$26,385</b>
<b>Estimated Living Expenses (on campus)</b>		
Residence Hall Charge (two semesters, single room)	\$6,356	\$6,356
Residence Hall Summer Charge	\$2,065	\$2,065
Meals (school year) does not include vacation periods	\$4,724	\$4,724
University Students' Medical Insurance Plan	\$1,000	N/A
Books and Educational Supplies	\$800	\$800
Personals and Incidentals	\$2,000	\$2,000
<b>Total Estimated Living Expenses</b>	<b>\$16,945</b>	<b>\$15,945</b>
<b>Estimated Total Student Expenses</b>	<b>\$43,330</b>	<b>\$42,330</b>

**Please understand that these figures are subject to change in the near future.**

§The tuition is waived with a Graduate Assistantship.

Note: These figures do not reflect any travel either to the United States or within the United States. Actual expenses may vary greatly depending on individual spending habits.

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**HEALTH INSURANCE:** As a condition of admission and registration ALL international students will be required, at the time of registration, to show evidence of adequate insurance coverage for basic medical, major medical, and repatriation expenses. Students should consult the Department of International Services and Programs, regarding compliance with this requirement and assistance in enrolling in an approved insurance program. Phone: (860) 486-3855; Fax: (860) 486-5800.

**MARRIED GRADUATE STUDENTS:** For graduate students planning to bring dependents, the estimated living expenses are higher than those stated above. Additional evidence of support will need to be presented for an accompanying spouse and/or child. Currently the estimate for an accompanying spouse is **\$4,350** and for each accompanying child the amount is **\$2,550**.

**DEPENDENT INFORMATION:** If bringing dependent(s), please indicate information below:

Name (family, first)	Relationship	Birth date	Country of birth