



DECLARATION & CERTIFICATION OF FINANCES

The University is required by law to review and keep original financial documents which indicate the student's ability to pay for the time remaining in the degree program. Student must demonstrate their ability to pay for their education including but not limited to tuition and fees, housing and meals, personal needs and the required health insurance, as well as expenses for accompanying dependents. The declaration accompanies my documents for:

Transfer In Program Extension Change of Status Visa Renewal Reinstatement Other: _____

PERSONAL INFORMATION

Name: _____ UMass ID#: _____

Major: _____ Degree Type: _____ SEVIS ID#: _____

University Email: _____ Phone#: _____

Mailing Address: _____

Indicate amounts available to support you (and if applicable, dependent family members) for the remaining time in your degree program at UMass Dartmouth or for one year, whichever is shorter. Give amount in US dollars. Use whichever of the following categories apply to you and if necessary list any additional resources on a separate sheet. **Your total amount of support must be equal to or greater than the expenses.**

Estimated Expenses Worksheet: This area will help you to estimate your expenses.

Tuition & Fees for one year (or time remaining) Graduate Admissions: http://www.umassd.edu/graduate/ Undergraduate Admissions: http://www.umassd.edu/undergraduate/tuition/	\$
Living Expenses (Must be based on \$1,000/month)	\$
Required Health Insurance (\$2,735/year)	\$ 2,735
Dependents on F-2 visa? (Estimate an additional \$3,000 per person, per semester)	\$
Total =	\$

DECLARATION OF SOURCES OF FUNDING

	Funding Source	Required Documentation	Amount US Dollars
<input type="checkbox"/>	Personal Funding	Original bank statement or official bank letter (not photocopy or computer-generated) from the bank or organization that holds each of your accounts included in the total amount available to meet your school costs. The letter should be recent and verify the amount and the availability of the funds.	\$
<input type="checkbox"/>	Family or Private Sponsor	Original bank statement or official bank letter, plus Affidavit of Support .	\$
<input type="checkbox"/>	Government or Agency Sponsor	Affidavit of Support for each agency or government listed as your financial sponsor.	\$
<input type="checkbox"/>	University Support	Original letter indicating the assistantship award and value. The award must be relevant beyond the current semester in order to be considered as part of the support.	\$
		Total =	\$

CERTIFICATION

I certify that all statements on this form are true and accurate and that the stated funds are available for my expenses at UMass Dartmouth. I will notify UMass Dartmouth of any changes in my financial situation. I understand that misrepresentation of these documents may lead to disciplinary action.

Student Signature: _____ Date: _____