

UNDERGRADUATE FINANCIAL CERTIFICATE For Students Admitted for Spring and Fall 2022 (Upload this document to your SpartanLink Application)

To be completed by the student

To obtain your form I-20 and to request a student visa, you must certify that you have available financial resources to support a full course of study for one academic year. The U.S. Department of Homeland Security requires that a student be enrolled full-time to maintain student status. Please download this form and complete in Adobe Acrobat Reader for best results. Do not handwrite responses unless absolutely necessary.

UNDERGRADUATE	(Based on 12 credit hours per semester for one academic year.)		
Tuition & Fees - full time	US \$ 23,251.00		
Room	US \$ 5,766.00		
Meals	US \$ 3,526.00		
Books & Supplies	US \$ 1,200.00		
Medical Insurance	US \$ 2,617.00		
Personal Expenses	US \$ 1,570.00		
Total Minimum Budget	US \$ 37,930.00		

Personal Information -type or write clearly

Last Name (Surname)		First Name (Given Na					
Last Name (Surname)		First Name (Given Na	ime)				
Current Home Country Addres	s (Line 1 - street ad	dress)					
Current Home Country Addre		dress valid until mm-dd-yyyy)					
Phone Number	City o	f Birth Co	Country of Birth		ntry of Citizenship		
Date of Birth (mm-dd-yyyy)		Email address	Email address				
If you are currently or recenance of the institution, city are		J.S. institution in F-1 in	iternational	student or other status, p	lease check the box and provide the		
Institution's name		City	City Si				
Dependents							
List any dependents you plan to bring to the United States with you.							
Name of Dependents:	Relationship:	Date and Place of	Birth:	Nationality:	Email/Phone Number		

Name of Dependents:	Relationship:	Date and Place of Birth:	Nationality:	Email/Phone Number

For dependents (living expenses for spouse and/or child under 21 years old), the additional expense is U.S. \$6,000.00 per dependent per academic year. If you are married and plan to bring your spouse and/or children with you, you must certify additional support for each dependent. (Note: F-2 visa holders are NOT permitted to work under ANY circumstances).

 Questions:
 International Programs (336) 334-5404
 Fax: (336) 334-5406
 Email: isss@uncg.edu
 Rev. 9/2021

This worksheet is to help you calculate financial support for the first year of your studies. Please note that only the first year of financial support is required for issuance of your form I-20.

Complete both pages of this form and include an Affidavit of Support form from each sponsor with their amount of support to equal the total amount of \$37,930.00. Affidavits from each sponsor must be attached. All verification of support must be dated no more than one year from the time of document submission. IPC will verify that you have the required amount to issue the form I-20 (F-1). Please type or write clearly:

Sources of Support	Assured Support
	1st Year of Study
	Amount in U.S. Dollars
1. Personal Savings	
Name of Bank 1:	
Name Bank 2:	
Attach current, official bank statement(s) and letter(s) and sign below.	
2. Parent and/or Sponsor	
Relationship to student	
Relationship to student	
Name of Bank 1:	
Name Bank 2:	
Attach current, official bank statement(s) and letter(s) and sign below.	
3. Your Government	
Name of Government Sponsor	
Attach Verification of Sponsorship.	
4. I have received a UNCG Scholarship	
Must be accompanied by official letter from issuing department	
5. Other (specify)	
Attach Verification of Support.	
Grand Total	
<u>Please Note:</u> If financial support is to be provided by some	• • • • • • • • • • • • • • • • • • • •
than one year old) bank letter and statement must be accom	
the account affirming the financial commitment to the studer	nt.
For student to complete and sign:	
I, (student name), certify tha	t the total amount of money that I have available for my
first academic year the University of North Carolina at Greensboro is U.S.\$_	. Further, I certify the
information provided on this form is correct and complete, that I shall not r	
of North Carolina at Greensboro, and that I have attached all appropriate su	upporting documents.
Student's Signature Date	: (mm-dd-yyyy)
State of Signature Date	. (66 /////
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