

**University of Connecticut**

**Undergraduate Admissions  
2131 Hillside Road, Unit 3088  
Storrs, CT 06269-3088**

Telephone # (860) 486-3137, Fax # (860) 486-1476

**INTERNATIONAL UNDERGRADUATE STUDENT FINANCIAL DECLARATION FORM  
Fall 2007/Spring 2008**

This declaration must be filled out, signed, and returned along with current supporting documentation (bank statements, affidavits of support, governmental or private funding) **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:** Financial supporting documents **must show up-to-date account balances**- any financial documents older than six months cannot be accepted.

***We require evidence of a minimum of \$35,000 U.S. dollars to meet expenses for an academic year of full-time undergraduate study at the University of Connecticut. This form should be returned with your application for admission or right after your admission to the University to the above address.***

<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)	\$	\$
<b>Family Funds</b> (bank statement <b>and</b> an affidavit from family member )	\$	\$
<b>Personal Sponsor</b> (bank statement <b>and</b> affidavit of support from sponsor )	\$	\$
<b>*Government Sponsor</b> (signed confirmation letter detailing terms of award )	\$	\$
<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)

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The University of Connecticut  
Statement of Expenses for International Undergraduate Students  
Storrs Campus**

**Fall 2006/Spring 2007**

<b>Required University Tuition and Fees for One Academic Year</b>	
Non-Resident Tuition	\$ 20,760.00
General University and Student Fees	\$ 2,026.00
<b>Total Required University Tuition and Fees</b>	<b>\$ 22,786.00</b>
<b>Estimated Living Expenses (on campus)</b>	
Residence Hall Charge	\$ 4,698.00
Meals (school year) does not include vacation periods	\$ 3,960.00
University Students' Medical Insurance Plan	\$ 817.00
Books and Educational Supplies	\$ 800.00
Personals and Incidentals	\$ 1,800.00
<b>Total Estimated Living Expenses</b>	<b>\$ 12,075.00</b>
<b>Estimated Total Student Expenses</b>	<b>\$ 34,861.00</b>

**Fees are subject to change at any time without notice.**

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 STUDENTS:** For undergraduate 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 \$3,500 and for each accompanying child the amount is \$2,000.

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

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