

An F-1 student is a nonimmigrant who is pursuing a full course of study to achieve a specific educational or professional objective at an academic institution in the U.S. that has been designated by the Department of Homeland Security (DHS) to offer courses of study to such students. The Office of International Affairs (OIA) must determine a student's eligibility to be issued a Form I-20 to be used when applying for the F-1 visa at a U.S. Embassy or Consulate abroad, or if the student is already in the U.S., by sending the Form I-20 to USCIS when applying for a change of status to F-1. Students must demonstrate to OIA that:

- 1) You have been admitted to an eligible academic program at the University of Texas Health Science Center at Houston (UTHSC-H)
- 2) You are capable of financing your education and stay in the U.S.
- 3) Immigration regulations will not prohibit you from being issued the Form I-20

OIA will be provided with a copy of your admission letter from the school you have been admitted to. The **Financial Resources Form** is required in order to establish that adequate funding exists to meet expenses at least for the first year of study and that, barring unforeseen circumstances, adequate funding will be available from the same or equally dependable sources for subsequent years. The amount of financial resources required will be based on the academic program you will pursue. Students admitted to a program of study at UTHSC-H must complete and sign this form and return all original documents, to include supporting documentation, to OIA at the address below in order to determine eligibility for the Form I-20. Please note that supporting documentation received must be dated within six months from the date the document is issued.

**Section I: Estimated Expenses**

The figures below represent minimum estimated expenses for the 2012-2013 fiscal year based on a 12-month period at resident tuition. Your financial resources must equal or exceed the minimum total estimated expenses for the academic program you will pursue at UTHSC-H in order to be eligible for a Form I-20. Please be aware that the information below is only a guide in calculating that amount of financial support you will need in a 12-month period. **Tuition and fees are subject to change, and you should be prepared for an increase if deemed appropriate by the institution.** The total estimate of the resident tuition rates are based off the Financial Aid Office's Cost of Attendance figures. Should you have any questions regarding tuition and fees, please contact the Registrar's Office by email at [registrar@uth.tmc.edu](mailto:registrar@uth.tmc.edu) or by phone at (713) 500-3361.

	Graduate School of Biomedical Sciences	School of Public Health	School of Biomedical Informatics	School of Nursing (Undergraduate)	School of Nursing (Graduate)
Tuition and Fees	\$ 12313	\$ 17848	\$ 18712	\$ 33671	\$ 21472
Books /Supplies	\$ 300	\$ 3300	\$ 1800	\$ 1558	\$ 1955
*Room and Board	\$ 18180	\$ 18180	\$ 18180	\$ 18180	\$ 18180
Transportation	\$ 2316	\$ 2316	\$ 2316	\$ 2316	\$ 2316
Personal/Misc.	\$ 2856	\$ 2856	\$ 2856	\$ 2856	\$ 2856
<b>Total Estimate</b>	<b>\$ 35,965</b>	<b>\$ 44,500</b>	<b>\$ 43,864</b>	<b>\$ 58,581</b>	<b>\$ 46,779</b>

\*Increase the amount for Room and Board by \$1,000 per year for each dependent accompanying you to the U.S. in F-2 status.

**Section II: Student Information**

IZPOLNI LAST/FAMILY NAME	IZPOLNI First/Given Name	Middle
IZPOLNI Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	IZBERI!
IZPOLNI Telephone Number	IZPOLNI E-mail Address	

Will you be accompanied by your spouse or unmarried child (under the age of 21) who will seek F-2 status?

Yes  No

- If yes, you must increase the amount required for room and board by \$1,000 per year for each dependent accompanying you to the U.S.

**Section III: Financial Information**

**Personal:** If your source of funding will be personal, you must indicate the amount of funds that will be available to meet expenses at least for the first year of study and the anticipated amount that will be available for subsequent years of study. The amount indicated below must be verified by your financial institution. You must provide a certified bank statement and/or a letter in English that confirms the amount of funds available to you in U.S. dollars and is signed and dated by a bank official.

**Sponsor:** If your source of funding will come from a sponsor, you must indicate the amount of funds that will be available to meet expenses at least for the first year of study and the anticipated amount that will be available for subsequent years of study. The amount indicated must be verified by your sponsor by having him/her provide their name, relationship to applicant, signature, date, and address in Section IV. The amount indicated below must be verified by your financial institution. You must provide a certified bank statement and/or a letter in English that confirms the amount of funds available to you in U.S. dollars and is signed and dated by a bank official.

**Government/Non-Government Agency:** If your source of funding will come from a Government or Non-Government Agency, you must indicate the amount of funds that will be available to meet expenses at least for the first year of study and the anticipated amount that will be available for subsequent years of study. In addition to this form, you must also submit to OIA the original award letter signed by the granting agency.

**Funds will be provided by (check all that apply):**

Source of Support	Amount of Support in U.S. Dollars			
	First Year	Second Year	Third Year	Fourth Year
<input type="checkbox"/> Personal	\$ _____	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Sponsor	\$ 1500	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Agency	\$ _____	\$ _____	\$ _____	\$ _____
Name of Agency: _____				
<b>TOTAL AMOUNT</b>	\$ 1500	\$ _____	\$ _____	\$ _____


**Section IV: Certification**

**Sponsor:**

I have reviewed the financial information given in Section III by the applicant. I certify that the amount indicated is true and accurate and the funds are available:

Sponsor's Name (Please print): IZPOLNI

Relationship to Applicant: IZPOLNI

Sponsor's Signature:  Date: IZPOLNI

Address: IZPOLNI

\_\_\_\_\_

\_\_\_\_\_

Sponsor's Name (Please print): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that the above information and all supporting documentation submitted to OIA to substantiate the amount of financial resources available to me for at least the first year of study is true and accurate.*

Student's Signature:  Date: IZPOLNI