

For what program are you applying?

- English Language Program                       Graduate  
 Undergraduate                                       Exchange

APPLICANT'S PERSONAL INFORMATION	
Instructions: Please read this information carefully. Failure to follow instructions may result in a delay in processing your immigration document. You are required to certify the availability of funds to cover the estimated expenses ( <b>not</b> including dependents) for the first year. Please see sheet two for estimated expenses for particular programs.	
Last Name (Family Name)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name (Given Name)	Date of Birth (month/day/year)
City and Country of Birth	Country of Citizenship
Country of Legal Permanent Residence	Major
Current Occupation	Proposed Term of Admission
E-mail Address	UMID Number (if known, 8 digits)
If currently in the U.S., indicate visa type: _____. If you currently have an F-1 or J-1 visa, you must attach a copy of your most recent I-20 or DS-2019, passport, I-94 card, and visa. Failure to provide a copy will delay the processing of your immigration document.	

PLEASE PROVIDE THE MAILING ADDRESS WHERE YOU WOULD LIKE TO RECEIVE YOUR IMMIGRATION DOCUMENT. PLEASE PRINT CLEARLY.			
Name:			
Address:			
City	Country	Postal Code	Telephone

**Documentation of Funds**

Complete this form and provide all documentation as required. Please note:

- Official and original dated documents must be provided. **Photocopies and faxed documents are NOT acceptable.** All documents must be in English; translations must be signed and sealed by the appropriate government or bank official.
- All supporting documentation must be dated within one year of initial enrollment (six months if the sponsor is living in the U.S.).

**Personal Funds**

- Complete the Affidavit of Financial Support and submit an official dated bank statement for each individual contributing financially to your education. In case of jointly held accounts, each individual holder must complete the sponsor section.
- Together, all funds must equate the total estimated expenses for each semester of study
- If your sponsor is a Permanent Resident or citizen of the U.S., a completed I-134 form, including an official bank statement, is required. Form I-134 is available at: <http://www.uscis.gov/files/form/I-134.pdf> .

**Government/Employer/Organization Funds**

- Submit a detailed letter from the sponsor indicating the exact dollar amount for tuition/fees, living expenses, books and supplies, and health insurance.
- The letter must include the field of study and dates of sponsorship.



**Sponsor(s) Section**

**FIRST SPONSOR**

Name of Sponsor (please print) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address of Sponsor \_\_\_\_\_

I will provide (check one):  **full financial support**  **partial financial support** in the amount of \$ \_\_\_\_\_ per year for the applicant's (and dependents, if applicable) tuition, fees, and living expenses for the entire length of study at the University of Michigan-Flint. As verification that funding is available, I have attached an original bank statement(s) or letter(s). (Please indicate applicant's name on all financial documents.)

Signature of sponsor \_\_\_\_\_ Date \_\_\_\_\_

**SECOND SPONSOR (if applicable)**

Name of Sponsor (please print) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address of Sponsor \_\_\_\_\_

I will provide **partial financial** support in the amount of \$ \_\_\_\_\_ per year for the applicant's (and dependents, if applicable) tuition, fees, and living expenses for the entire length of study at the University of Michigan-Flint. As verification that funding is available, I have attached an original bank statement(s) or letter(s). (Please indicate applicant's name on all financial documents.)

Signature of sponsor \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT SECTION**

**NOTE:** Dependents can only be a spouse or child. You must submit copies of each dependents passport to make their immigration documents (I-20/DS-2019)

**Dependent Information (if applicable)**

Dependent Name	Relationship To You	Birth Date (MM/DD/YYYY)	City, Country of Birth	Country of Citizenship

**REQUIRED**

**Applicant Declaration:** I, \_\_\_\_\_ hereby promise that the information provided is correct and complete.  
(Applicant's printed name)

I understand I ultimately am responsible for all anticipated yearly expenses for the length of my stay at the University of Michigan-Flint. I understand that these documents will not be returned to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail the completed Affidavit of Financial Support form in an envelope to:**  
International Center  
University of Michigan-Flint  
219 University Center  
303 E. Kearsley St.  
Flint, MI 48502-1950  
U.S.A.