

# Financial Sponsorship | Exchange Students

University of Wisconsin-Parkside

In order for UW-Parkside to issue your I-20 immigration document needed for U.S. student visa purposes, we require documentation indicating that you have sufficient funds for all academic and personal expenses of your academic program. Estimated expenses include tuition, fees, personal living expenses and health insurance. Actual expenses may vary.

All fees and other charges for the semester are due on the tenth day of the academic term.

## INSTRUCTIONS

1. Review Estimated Expenses & Financial Documentation Requirements below
2. Provide student information by completing Part I of this form
3. Indicate your funding source(s) and the amount available from each source. If you have one or more financial sponsors (parent, relative, organization), verify their sponsorship by completing Part II of this form
4. Attach financial documents to verify that you and your sponsor(s) have available financial assets equal to or greater than one year of costs

## 2024/25 ESTIMATED SEMESTER EXPENSES

| EXPENSE   | ONE SEMESTER   |
|---|----------------|
| Fees (segregated fees, international fees and new student fees) | \$ 1,006       |
| Housing and Meals   | \$ 4,302       |
| International Student Health Insurance                          | \$ 980         |
| Miscellaneous Personal Expenses                                 | \$ 1,482       |
| <b>TOTAL</b>  | <b>\$7,770</b> |

## DEPENDENT FINANCIAL SUPPORT

Students wishing to have a spouse or children accompany them must provide proof of funding for an additional \$10,000 for each family member. A passport copy is required for the spouse and each child.

**Please note a dependent cannot also be a sponsor.**

## FINANCIAL DOCUMENTATION

All financial documentation required for visa purposes must:

- Be in English
- Be on official bank letterhead with a stamp/seal and/or bank officer's signature
- Demonstrate a minimum of total estimated expenses for your educational program
- Include an issue date is within 6 months of your university application date
- Include the account holder's name
- Include a specific amount in US dollars (USD)

| TYPE OF DOCUMENTATION  | ACCEPTABLE |
|--|------------|
| Bank Letters or Bank Statements (Savings or Checking Accounts)                         | YES        |
| Fixed/Term/Time/Deposits (must be able to be withdrawn at any time without penalty)    | YES        |
| Loan Letters   | YES        |
| Scholarship Letters (Private, Government, School, etc.)                                | YES        |
| Solvency Letter (bank letter indicating funds immediately available to the individual) | YES        |
| Employer Letters/Salary Statements   | NO         |
| Provident (Retirement) Fund Statements   | NO         |
| Stock Market, Equity, or Mutual Fund Statements  | NO         |

## PART I

Complete, sign, and submit forms to the UW-Parkside International Student Services Office.

Applicant Name (as it appears on passport): \_\_\_\_\_

Date of birth (Month, Day, Year): \_\_\_\_\_ UWP ID: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Email address: \_\_\_\_\_

I plan to come with dependents (spouse/children):  Yes  No

If yes, please list them below and supply a copy of each dependant's passports

Name (as on passport): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Place of Birth (City, Country): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name (as on passport): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Place of Birth (City, Country): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name (as on passport): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Place of Birth (City, Country): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Are you currently in the U.S.?  Yes  No

Current visa status: \_\_\_\_\_

If you currently hold a valid F-1 visa, which institution will transfer your current I-20 to UW-Parkside?:

\_\_\_\_\_

## PART II

### SOURCE OF FUNDS

Indicate your source(s) of funding and the amounts provided by each source.

| SOURCE OF FUNDS   | INSTRUCTIONS  | AMOUNT (USD) |
|---|---|--------------|
| <input type="checkbox"/> I will pay for my own personal account                     | Attach financial document(s) with applicant's name and current fund balance | \$ _____     |
| <input type="checkbox"/> A family member will pay for my education<br>Name: _____ * | Attach financial document(s) with sponsor's name and current fund balance   | \$ _____     |
| <input type="checkbox"/> I will have a scholarship from:<br>_____                   | Attach proof of scholarship with applicant's name and amount of scholarship | \$ _____     |
| <input type="checkbox"/> I will have a student loan from:<br>_____                  | Attach proof of loan with applicant's name and amount of loan               | \$ _____     |
| <input type="checkbox"/> My government/company will pay for my education            | Attach sponsorship letter with applicant's name and current fund balance    | \$ _____     |
| <input type="checkbox"/> Other Funding: _____                                       | Attach sponsorship letter with applicant's name and amount to be provided   | \$ _____     |
| <b>TOTAL</b>  |   | \$ _____     |

### \* VERIFICATION OF SPONSORS (IF APPLICABLE)

This is to certify that I, the undersigned, agree to provide the funds required for study at UW-Parkside and that I am submitting financial document(s) indicating the availability of these funds. (Attach the appropriate financial documentation showing funds available for one year of costs.)

Sponsor 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Sponsor's Signature

Date

Sponsor 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Sponsor's Signature

Date

By signing, I certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in a revocation of my student visa.

Applicant's Signature

Date

## Major in you.

Please return this form to:  
UW-Parkside International Student Services  
900 Wood Road  
Kenosha, WI 53144 USA  
karin.basken@uwp.edu

UNIVERSITY OF  
WISCONSIN **PARKSIDE**