UNIVERSITY OF ARKANSAS AT PINE BLUFF

FINANCIAL STATEMENT
FOR PROSPECTIVE F-1 VISA – GRADUATE INTERNATIONAL STUDENTS

2014-2015 Academic Year

NOTE: This form is updated by the Office of International Programs and Studies (OIPS) at the end of each fiscal year. No further changes or modifications may be made to this document without the permission of the Principal Designated School Official (PDSO) who is responsible for the issuance of I-20 Forms required by international students for visa purposes. If you are unable to complete and return this form by June 30, 2015, which is the end of the UAPB fiscal year, please contact the PDSO at the earliest possible convenience at moorep@uapb.edu or (870) 575-8545.

The University of Arkansas at Pine Bluff requires that all on-campus and off-campus graduate international students certify that they have an estimated amount in total financial assistance that is available to them for their study in the U.S. This amount includes scholarships, graduate assistantships, personal resources and support from parents and/or sponsors. It also includes $5,000 in U.S. currency for emergency/contingency purposes. On-campus graduate international students must certify $23,010.00 from all sources. Off-campus graduate international students must certify $32,730.00 from all sources. Please complete the form below to indicate funding that will be provided by the student, parents or sponsors. (NOTE: if the applicant is the recipient of a full scholarship, evidence of $5,000 in personal/family/sponsor support is still required.) Secure the appropriate signatures and return this form along with supporting bank/financial statements (also notarized or stamped) to:

Print Name of Applicant (as it appears in passport):

Applicant’s Country of Citizenship: ______________ Applicant’s Country of Birth: ______________

Requested Degree Level and Program of Applicant: _______________________________

Applicant’s (Overseas) Address, including street address, city, state/province/territory, postal code & country:

____________________________________________________________________________________

____________________________________________________________________________________

Financial Agency’s Name, Postal Address and Email Address:

____________________________________________________________________________________

____________________________________________________________________________________

Total Amount of Funding Available from Student, Parent(s) and/or Sponsor(s): __________________

Bank or Financial Agency Official (must be notarized if bank does not have a stamp):

Name: __________________________ Signature: __________________________

Parent/Sponsor’s Name (printed): __________________________

Parent/Sponsor’s Signature: __________________________ Date: ______________