

VISITOR'S NAME: _____



Office of International Affairs

Financial Resources Form

F-1 Student – Resident

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 United States, which has been designated by the Department of Homeland Security 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 U.S. Citizenship and Immigration Services when applying for a change of status to F-1.

The **Financial Resources Form and all necessary accompanying documentation** are required in order to establish that adequate funding exists. Prospective students must provide evidence of guaranteed funding for the first year of their program, and projected funding for the remainder of their program.

The amount of financial resources required will be based on the academic program you will pursue. Students admitted to a program of study at The University of Texas Health Science Center at Houston (UTHealth) must complete and sign this form and return all original documents, including 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 2020-2021 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 UTHealth 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 or by phone at (713) 500-3361.

	Graduate School of Biomedical Sciences	School of Public Health	School of Biomedical Informatics
Tuition and Fees	\$ 8,763.00	\$ 9,460.00	\$ 9,500.00
Books /Supplies	\$ 300.00	\$ 3,000.00	\$ 1,945.00
*Room and Board	\$ 20,760.00	\$ 20,760.00	\$ 20,760.00
Transportation	\$ 2,712.00	\$ 2,712.00	\$ 2,712.00
Personal/Misc.	\$ 3,360.00	\$ 3,360.00	\$ 3,360.00
Total Estimate	\$ 35,895.00	\$ 39,292.00	\$ 38,277.00

*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.

Phone: 713-500-3176 Fax: 713-500-3189

E-mail: utoiahouston@uth.tmc.edu

7000 Fannin Street, Suite 130

Houston, TX 77030

VISITOR'S NAME: _____

Section II: Student Information



LAST/FAMILY NAME

First/Given Name

Middle

Date of Birth (MM/DD/YYYY)

Gender: Male Female

Telephone Number

E-mail Address

Will your spouse or unmarried child (younger than the age of 21) 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 liquid funds that will be available to meet expenses at least for the first year of study and the projected amount that will be available for subsequent years of study. The amount indicated below must be verified by your financial institution. You must provide an original certified bank statement that confirms the amount of liquid funds available to you in U.S. dollars, signed and dated by a bank official. All documents not in English must be accompanied by a certified English translation.

Sponsor: If your source of funding will come from a sponsor, you must indicate the amount of liquid funds that will be available to meet expenses at least for the first year of study and the projected amount that will be available for subsequent years of study. The amount indicated must be verified by your sponsor by having him/her provide the information requested in Section IV. The amount indicated below must be verified by your sponsor's financial institution. Your sponsor must provide an original certified bank statement that confirms the amount of liquid funds available to you in U.S. dollars, signed and dated by a bank official. All documents not in English must be accompanied by a certified English translation.

Government/Non-Government Agency: If your source of funding will come from a Government or Non-Government Agency, you must indicate the amount of liquid funds that will be available to meet expenses at least for the first year of study and the projected 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. All documents not in English must be accompanied by a certified English translation.

Resident Tuition: If you believe that you qualify for resident tuition, you must provide OIA with evidence of your eligibility to pay resident tuition along with the above-mentioned source of funding documents. OIA will then review these to determine your eligibility.

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

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

VISITOR'S NAME: _____

Section IV: Certification

Sponsor:

If you have additional sponsors, please attach the [Additional Sponsors Form](#).

All sponsors are required to provide an original certified bank statement that confirms the amount of liquid funds available to you in U.S. dollars, signed and dated by a bank official. Sponsors must also provide an original signed letter certifying the availability of the liquid funds and their willingness to sponsor the student. All documents not in English must be accompanied by a certified English translation.

Sponsor's Name (Please print): _____

Applicant's Name (Please print): _____

Relationship to Applicant: _____

Amount of sponsorship: _____

Address: _____

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 Signature: _____ Date: _____
(sign in ink – no digital signatures accepted)

All sponsors are required to provide an original certified bank statement that confirms the amount of liquid funds available to you in U.S. dollars, signed and dated by a bank official. Sponsors must also provide an original signed letter certifying the availability of the liquid funds and their willingness to sponsor the student. All documents not in English must be accompanied by a certified English translation.

Sponsor's Name (Please print): _____

Applicant's Name (Please print): _____

Relationship to Applicant: _____

Amount of sponsorship: _____

Address: _____

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 Signature: _____ Date: _____
(sign in ink – no digital signatures accepted)

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: _____
(sign in ink – no digital signatures accepted)