



# THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

## *Affidavit of Financial Support*

Please read the following prior to completing this form:

The purpose of the *Affidavit of Financial Support* is to help the University of Mississippi Medical Center obtain complete and accurate information about the funds available to international applicants who wish to study at the university. Strict regulations require the University of Mississippi Medical Center to verify the financial resources of each international applicant prior to issuance of the Form I-20.

**Graduate** students are required to show funds of at least **\$31,599.00**. Students must have a plan to support themselves during their entire length of study. All fees are based on estimated costs and are subject to change at any time.

If you are currently in the United States, what type of VISA do you have? \_\_\_\_\_

### Please submit the following information:

Student's Name \_\_\_\_\_  
 Family Name (Surname) First Name(Given) Middle Name (if any)

LIST ALL FUNDING SOURCES TO BE RECEIVED BY STUDENT:			
STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT (IN US DOLLARS)	STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT (IN US DOLLARS)
1. Personal Funds	\$ _____	3. Sponsor Funds	\$ _____
2. Family Funds	\$ _____	4. Scholarship, Stipend or Government Support	\$ _____

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS	
<p><b>If funds are from scholarship or government support, please attach a signed copy of any letters of award.</b>  <b>If funds are from personal, family, or sponsor, please attach an official bank statement not more than 6 months old with the official bank seal and signature of a bank officer. Family and/or Sponsors are required to complete the section below.</b></p>	
<p><b>Certification Statement:</b> This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.</p>	
<p><b>Parent's Certification</b></p>	<p>Signature of Parent: _____            Date: (m/d/y): _____</p>
<p><b>Sponsor's Certification</b></p>	<p>Full Name of Sponsor (required): _____  <small>Family Name (Surname) First Name (Given) Middle Name (if any)</small></p> <p>Signature of Sponsor: _____            Date: (m/d/y): _____</p>
<p><b>___ PLEASE CHECK IF YOU HAVE A SPOUSE OR CHILD(REN) COMING WITH YOU TO THE U.S.</b></p> <p>Provide the following information about each of your dependent family members on a separate sheet and attach to this form: family name and first name as they appear on their passports, relationship to you (i.e. wife, husband, daughter, or son), date of birth, and city and country of birth. Each year during your stay in the U.S., it is necessary to show an additional \$5,000 for your spouse's expenses and \$3,000 for each child's expenses. For initial entry you must show the resources noted for their first year of stay in the U.S.</p>	

I certify that the above information is correct and complete, and that I shall notify the University of any change in my financial circumstances.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

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