

# PROOF OF FUNDING

To receive an I-20 or DS-2019 for F1 or J1 visa status, you must complete an I-20 request at [www.issconnect.uwm.edu](http://www.issconnect.uwm.edu). As part of the request you must submit proof of funding for **one academic year**. **All funding information must be less than 1 year old**. All expenses are estimates only, and are subject to change ([www.bfs.uwm.edu/fees](http://www.bfs.uwm.edu/fees)). Proof of funding documents will not be returned to you. We advise all students to have a contingency plan in place in the event that overseas funds become inaccessible or devalued.

## We Will Accept

- **Personal Funds:** Bank Letter or Bank Statement in your name
- **Family Funds:** Bank Letter or Bank Statement AND an Affidavit of Support signed by a parent or spouse
- **Private Sponsor (Relative, Friend, Company):** Bank Letter or Bank Statement AND an Affidavit of Support signed by the account holder, and proof of company ownership if applicable
- **Scholarship:** Award Letter
- **Government Sponsorship:** Award Letter / Financial Guarantee
- **UWM Chancellor's Award, UWM Fellowship, or other UWM Award:** Award Letter
- **UWM Assistantship:** Letter of Appointment. Assistantships of 33% or higher will cover tuition and significantly supplement the cost of health insurance if enrolled with the UWM Benefits Office within 30 days of the contract start date. Students will also be required to pay an \$80 supplemental health insurance fee. Students who do not enroll with the UWM Benefits Office within 30 days of the contract start date will be required to pay the international student health insurance fee (see below). If your stipend is less than the living expenses and international student fee listed below, you will need to submit additional proof of funding.

**We Will Not Accept** Accounts where the money is not immediately accessible, such as stock portfolios, property ownership, proof of salary, insurance policies, etc.

**Bringing a Spouse and/or Child(ren)?** You will need to complete a dependent request and provide information and additional proof of funding for each dependent.

## Estimated Minimum Annual Expenses for Graduate Students

EXPENSE	GRADUATE	BUSINESS MASTERS CANDIDATE	HEALTH SCIENCES MASTERS CANDIDATE
Tuition (2 semesters)	\$24,331.00	\$28,377.00	\$30,457.00
Segregated Fees & International Student Fees (2 semesters)	\$1,519.00	\$1,519.00	\$1,519.00
Living Expenses (9 months)	\$12,000.00	\$12,000.00	\$12,000.00
International Student Health Insurance (12 months)	<u>\$1,755.00</u>	<u>\$1,755.00</u>	<u>\$1,755.00</u>
AMOUNT YOU MUST SHOW:	<b>\$39,605.00</b>	<b>\$43,651.00</b>	<b>\$45,731.00</b>

**\*\*Please be aware, although you are only required to show funding for one year, you will be financially responsible for your ENTIRE program of study\*\***

## **Sample Bank Letter**

***If you choose to submit a bank letter as your proof of funding, you may use this sample of a bank letter to be sure yours includes correct information.***

Bank Name

Bank Address & Phone Number

Date

University of Wisconsin-Milwaukee  
International Admissions  
P.O. Box 413  
Milwaukee, WI 53201-0413  
USA

Dear Sir or Madam:

*Sample text for Personal Funding:* This is to certify that (Student's name) holds a/n (type of account) account with our bank. The current balance of this account is \$ (amount in US dollars).

*Sample text for Sponsor's Funding:* This is to certify that (Sponsor's name), (relationship to student of Student's name) holds a/n (type of account) with our bank. The current balance of this account is \$ (amount in US dollars).

Sincerely,

Bank Official's Name & Signature  
Position in Bank

## **Affidavit of Support**

***If your funding is coming from a private sponsor, such as a parent, family member, or friend, it must be accompanied by an affidavit of support. Please have your sponsor fill out and sign this form and submit it with his/her bank information. If you prefer not use this form, a letter including the same pertinent information is acceptable.***

Date: \_\_\_\_\_

University of Wisconsin-Milwaukee  
International Admissions  
P.O. Box 413  
Milwaukee, WI 53201-0413

Dear Admissions Official:

I, (name of sponsor): \_\_\_\_\_, (relationship to

student): \_\_\_\_\_ of (student's name): \_\_\_\_\_, will

provide financial sponsorship in the amount of \$ \_\_\_\_\_ US Dollars for his/her

studies at the University of Wisconsin-Milwaukee.

Sincerely,

\_\_\_\_\_  
Sponsor's Name

\_\_\_\_\_  
Sponsor's Signature