

University of Illinois Springfield

Office of Admissions - One University Plaza, MS UHB 1080 - Springfield, IL 62703-5407 - Toll free 1-888-977-4847

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION FOR ADMISSION

ATTENTION: A complete and correct affidavit form is required as part of the application process. Both sides of this form must be completed before the application process is considered complete.

PLEASE PRINT

Family Name	First Name	Middle Name
Country of Nationality	Date of Birth	
	Year / Month / Day	

Please check the appropriate I plan to come alone
 I plan to bring the following dependents listed below: (spouse and/or children)

PLEASE PRINT

Name	Relationship	Date of Birth	Country of Birth
Name	Relationship	Date of Birth	Country of Birth
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The United States Department of Justice, Immigration and Naturalization Service requires the University of Illinois at Springfield to determine your financial eligibility. An I-20AB or IAP-66 (for the issuance of a visa) cannot be issued until this form is completed to our satisfaction and returned to this office.

Refer to the information on education costs to determine the amount of money you will need for study at the University of Illinois at Springfield. You should also indicate how you will meet your expenses for each subsequent year. In computing expenses, remember Student (F-1) and Exchange Visitor (J-1) visa holders will not be authorized to work except in extraordinary circumstances. Therefore, you should not expect part-time or summer employment to be a significant means of support.

If you plan to bring your spouse and/or children, you must certify a proportionately larger amount: \$3,300 per year for your spouse and \$2,200 for each child. Note that your spouse may obtain permission to work only if you hold a J-1 Exchange Visitor visa and then only for his/her own and any children's support. Spouses of F-1 Student visa holders are not permitted to work under any circumstances.

A special note to J-1 students and their J-2 dependents: as of September 1, 1994, the United States Information Agency (USIA) requires that all persons in J status have adequate health insurance while in the United States. Minimum coverage shall provide: medical benefits of at least \$50,000 per accident or illness; repatriation of remains in the amount of \$7,500; expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of \$10,000; and a deductible not to exceed \$500 per accident or illness. Willful failure to maintain adequate health insurance may result in program termination.

MINIMUM ESTIMATED EXPENSES FOR ONE YEAR (Fall, Spring, Summer) 2008 – 2009: Please check the box for the costs associated with your educational plans.

NOTE: International students are not required to attend summer school; total yearly expenses may be reduced by the cost of summer school tuition and fees (only) if you are not planning to attend. (If you select the 9 month option, you must also submit a letter explaining your summer activities: i.e., will you be returning home to your country or remaining in the United States.)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Undergraduate (Freshman) 12 months	Undergraduate (Freshman) 9 months	Undergraduate (Transfer) 12 months	Undergraduate (Transfer) 9 months
Tuition (Fall-12 hrs/Spring-12 hrs/Summer-6 hrs)	\$16515.00	\$13242.00	\$16515.00	\$13242.00
Fees & Assessments	\$1938.05	\$1525.64	\$1938.05	\$1525.64
Books and Supplies	\$1650.00	\$1200.00	\$1650.00	\$1200.00
Incidentals (transportation, clothing, personal, etc.)	\$3550.00	\$2700.00	\$3550.00	\$2700.00
Food, Housing, and Utilities	\$11150.00	\$9400.00	\$8350.00	\$6600.00
Mandatory Health Insurance	\$657.00	\$526.00	\$657.00	\$526.00
TOTAL:	\$35,460.05	\$28,593.64	\$32,660.05	\$25,793.64

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	<input type="checkbox"/> Graduate 12 months	<input type="checkbox"/> Graduate 9 months
Tuition (Fall-12 hrs/Spring-12 hrs/Summer-6 hrs)	\$17721.00	\$14226.00
Fees & Assessments	\$1938.05	\$1525.64
Books and Supplies	\$1650.00	\$1200.00
Incidentals (transportation, clothing, personal, etc.)	\$3550.00	\$2700.00
Food, Housing, and Utilities	\$8350.00	\$6600.00
Mandatory Health Insurance	\$657.00	\$526.00
TOTAL:	\$33,866.05	\$26,777.64

ATTENTION: All necessary financial documents must come directly from the financial institution. Photocopies, notarized copies and official, original copies NOT in the bank's official sealed envelope ARE NOT ACCEPTED. The application will not be considered complete until ALL financial documents are received and determined acceptable.

PLEASE TYPE OR PRINT ALL INFORMATION IN ENGLISH (except signatures).

I expect to be at the University of Illinois at Springfield for _____ year(s). (How many?)

SOURCE OF FINANCIAL SUPPORT	ASSURED SUPPORT		PROJECTED SUPPORT		PROJECTED SUPPORT	
	First Year		Second Year		Third Year	
	Your Currency	U.S. Dollars	Your Currency	U.S. Dollars	Your Currency	U.S. Dollars
Personal and/or family savings (Bank Official's signature required on original letter of certification. Print name used on bank account.)	_____	\$ _____	_____	\$ _____	_____	\$ _____
Private sponsors (Bank official's signature required on original letter of certification. Print name of each.)	_____	\$ _____	_____	\$ _____	_____	\$ _____
Government sponsorship and/or scholarships. (Signed official letter of sponsorship required – sent directly from sponsoring agency.)	_____	\$ _____	_____	\$ _____	_____	\$ _____

Official verification must be on bank letterhead and sent directly to the Office of Admissions from the bank. Bank statements are not accepted.

I, _____, certify that the total amount of money I have available for the upcoming academic year at the University of Illinois at Springfield (including funds for spouse and/or children) is U.S. \$ _____, and that the total amount available for each subsequent year of study is U.S. \$ _____. Further, I certify that the above information provided is current and complete and that I shall notify the University of any changes in my financial circumstances.

_____ Date

Student's Signature