215 Eielson Building • PO Box 757760 Fairbanks, Alaska 99775-7760, USA Tel: 1-907-474-7677

uaf-isss@alaska.edu • www.uaf.edu/isss/

## **Financial Statement for International Applicants**

Student's Name:			UA ID:			
Degree:		Academ	nic Department:			
Financial	proof is requir	ed for the o	estimated expen	ses for the	academic year 2	023-2024:
Expenses	Undergraduate	Graduate	CBSM	CBSM	CEM	CEM
Tuition	\$20.520	¢10.000	Undergraduate	Graduate	Undergraduate	Graduate
Fees	\$20,520 \$2,237	\$19,890 \$1,858	\$20,520 \$2,237	\$19,890 \$1,858	\$20,520 \$2,237	\$19,890 \$1,858
Surcharge	N/A	N/A	\$1,728	\$2,430	\$1,392	\$1,944
Housing	\$11,895	\$11,895	\$1,728	\$11,895	\$11,895	\$11,895
and Meals	\$11,093	\$11,093	\$11,093	\$11,073	\$11,095	\$11,073
Day to Day	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Expenses						
Health Insurance	\$1,790	\$1,790	\$1,790	\$1,790	\$1,790	\$1,790
Books	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
TOTAL	\$40,942	\$39,933	\$42,670	\$42,363	\$42,334	\$41,877
Supporting for organization documentation from a bank must be on b	inancial document on who will be co on include: copies identifying the acc ank stationary and	F Office of A ration in Engintributing to of bank state count holder(I signed by a	d Sister City/Providentsions (uaf-additional lish and identifying the cost of your extended to the cost of your extended to the cost of your extended to the cost of your offer land of the cost of your offer land of your offer land of your offer land desired to the cost of your offer land desired to the your	missions@al g currency ty ducation. Ap he most recent he amount of	aska.edu) for more the proved supporting at 3 months or an off funds available.	e information each person official letter The letter
·	all that apply:	runumg u c	opy of your offer.	ouer must ex	s provided with the	s statement.
I will	financially suppor	t myself for	the amount of \$ _	·		
I have	been awarded UA	AF funding fo	or the amount of \$		·	
Note		ust sign the A	ther than myself fo Affidavit of Suppo avit of Support.			

1. Sponsor Name:	
Relationship:	
Affidavit of Support to be complete by sponsor:  "I, certify that I seems each year for the educational expenses."	will provide financial support in the amount of es of"
2. Sponsor Name:	
Affidavit of Support to be complete by sponsor:  "I, certify that I seems a cach year for the educational expenses."	will provide financial support in the amount of es of"
3. Sponsor Name:	
Affidavit of Support to be complete by sponsor:  "I, certify that I specified the educational expension of the education of the educati	will provide financial support in the amount of es of"
By signing this document, I agree to assume primary above-mentioned student during her/his attendance at prior notice. I also certify the information provided is immigration regulations to notify the UAF ISSS of ar academic status.	t UAF. This estimate is subject to change without scorrect and that I am required under U.S.
Important: This statement must be signed either with the name, date, and time. Electronic signatures are no	
Signature of Student:	Date:
Signature of Sponsor:	Date:
Signature of Sponsor:	
Signature of Sponsor:	Date:

Please email this statement with supporting documentation to:

University of Alaska Fairbanks Office of Admissions Email: uaf-admissions@alaska.edu