

**Graduate Statement of Financial Responsibility**  
Visiting Graduate Exchange Students

U.S. immigration law requires that international exchange students show proof of finances for the duration of their program before the UW may issue any immigration documents. Please complete this form and submit it along with one or more of the following: copy of a bank statement, official bank letter, scholarship letter, or letter of familial support that shows proof of finances equivalent to the appropriate amount listed below.

Expenses	One Quarter 3 Months	Two Quarters 6 Months	Academic Year 9 Months
Tuition and student activity fees are covered by tuition waiver	(\$9,562)	(\$19,124)	(\$28,686)
Health Insurance (Required)	\$706	\$1,412	\$2,118
Books and supplies	\$402	\$804	\$1,206
Room and board	\$4,687	\$9,374	\$14,061
Other expenses (Personal and Transportation)	\$1,187	\$2,374	\$3,561
<b>TOTAL (U.S. \$) Proof of Funding Required</b>	<b>\$6,982</b>	<b>\$13,964</b>	<b>\$20,946</b>

Please indicate what type of funding you will receive and the amount in U.S. dollars (check all that apply):

<input checked="" type="checkbox"/> Source	Description or Name	Amount
<input type="checkbox"/> <b>Personal or Family Funds:</b> Please list the name and relationship (parent, spouse, etc.) of the person providing the funding. If you, the applicant will support yourself, please write "Self" in the space provided.	_____	US \$ _____
<input type="checkbox"/> <b>Scholarship, Loan, or Agency Funds:</b> Please list the name of the scholarship, loan, or agency that will provide funds.	_____	US \$ _____
<input type="checkbox"/> <b>Funds from a Private Sponsor</b> Please list the name of the person(s) sponsoring your studies.	_____	US \$ _____
<b>Total Amount*</b>		US \$ _____

\* Total amount should be equal to the minimum amount required in the table above.

I certify that I have sufficient funds for study in the U.S. and that I will be responsible for all non-tuition waiver related expenses for the duration of my studies at the University of Washington.

Applicant's name: \_\_\_\_\_  
(please print or type)                      Family Name                      First Name                      Middle Name

Applicant's Signature: \_\_\_\_\_  
Date

<b>To be completed by IP&amp;E.</b> Please indicate effective quarter(s) of any tuition waiver that the student should receive:				
<input type="checkbox"/> Academic Year	<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Coordinator Name and Email:				