

Declaration and Certification of Finances - Graduate

Office of Admissions • University of South Carolina Upstate
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 Phone—864-503-5246 • Fax—864-503-5727 • www.uscupstate.edu



University of South Carolina Upstate

Estimated Minimum Cost Requirements for 2017-2018 (All Information Is Confidential.)

A Certificate of Eligibility (Form I-20) will not be authorized until this form is completed and returned to USC Upstate.

| *Estimate of Yearly Costs—University of South Carolina Upstate | | |
|---|-------|----------|
| Tuition and Fees | _____ | \$28,368 |
| Room and Board | _____ | \$ 7,430 |
| Health Insurance | _____ | \$ 2,729 |
| Other (books) | _____ | \$ 1,200 |
| Personal Expenses | _____ | \$ 2,000 |

**Based on 2017-2018 tuition & fees. Some majors or courses may require additional fees. Subject to change as approved by USC Board of Trustees.*

I, _____, certify that the total amount of money (excluding travel fund) minimally available to me for my first academic year at USC Upstate is \$ **41,727 (in U.S. dollars)** and that the total amount minimally available for each subsequent year of study is \$ **41,727 (in U.S. dollars)**.

Please indicate the source of these funds in the chart below. If the amount available is less than the minimum requirements given above, explain on a separate sheet of paper precisely how you plan to finance your study. Official certification is required for each source. If you need more copies, this form may be electronically reproduced.

| SOURCE OF FUNDS | ASSURED AMOUNT (IN U.S. DOLLARS) |
|---|---|
| | LIST AMOUNT FOR FIRST YEAR |
| PERSONAL SAVINGS —please print name of bank: Note: INS requires that students show some personal savings. _____ <i>(A bank official's signature is required on the certification below.)</i> | \$ _____ |
| FAMILY and/or FRIENDS —Please print name of each person: _____ <i>(The signature of a parent, other relative, or friend is required as a guarantor on the certification below.)</i> | \$ _____ |
| YOUR GOVERNMENT — Please print name of agency: _____ <i>(Enclose with this form a signed copy of your letter of award.)</i> | \$ _____ |
| OTHER —Please specify: _____ <i>(Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.)</i> | \$ _____ |
| TOTAL —This total should equal the estimate of costs for one year. | \$ _____ |

Enter the total amount of money you expect to have when you arrive at this institution \$ _____ (in U.S. dollars).

OFFICIAL CERTIFICATION OF SOURCES AND FUNDS AND AMOUNTS

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.

Bank Official's Signature _____ Title _____
 Name of Bank _____
 Address of Bank _____ Date _____

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.

Guarantor's Signature _____ Date _____
 Relationship of Guarantor to Applicant _____ Address _____

I certify that the information provided above is true, correct and complete.

Student's Signature _____ Date _____