

This worksheet is to help you calculate assured support for the first year of your studies. Please note that only the first year of assured support is required for issuance of your form I-20.

Complete both pages of this form and include an Affidavit of Support form from each sponsor with their amount of support to equal the total amount of \$28,231.00. If a relative or friend provides housing and meals, your total budget is \$21,779.00. Include a letter from that sponsor verifying that they will be providing housing and meals. Affidavits from each sponsor must be attached. All verification of support must be dated no more than one year from the time of document submission. IPC will verify that you have the required amount to issue the form I-20.

Please Write or Type clearly:

Sources of Support	Assured Support 1st Year of Study Amount in U.S. Dollars
1. Personal Savings _____ <i>Name of Bank:</i> <i>Name of Second Bank (if applicable):</i> _____ *Attach current, official bank statement(s) and letter(s) and sign below.	
2. Parent and/or Sponsor _____ <i>Name of Bank:</i> <i>Name of Second Bank (if applicable):</i> _____ *Attach current, original bank statement(s) and letter(s) and sign below.	
3. Your Government _____ Attach Verification of Sponsorship.	
4. I am applying for a University Assistantship _____ * See statement below	
5. Other (specify) _____ Attach Verification of Support.	
Grand Total	

*Assistantship awards to international students are rare because of limited resources. If you indicate such as part of your support, this must be verified by the UNCG Graduate School. Maximum awards for each department will vary. You must show evidence of your ability to pay the difference.

Please Note: If financial support is to be provided by someone other than the applicant, the current (less than one year old) bank letter and statement must be accompanied by a signed affidavit from the owner of the account affirming the financial commitment to the student.

For student to complete and sign:

I, (student name) _____, certify that the total amount of money that I have available for my first academic year the University of North Carolina at Greensboro is U.S.\$ _____. Further, I certify the information provided on this form is correct and complete, that I shall not require additional financial assistance from the University of North Carolina at Greensboro, and that I have attached all appropriate supporting documents.

Student's Signature

Date: (mm-dd-yyyy)

Payment for Express Shipping



Student's Full Name: _____

If you wish to receive your I-20 visa document via express mail (recommended), please provide your credit card information. **If you have already provided this information and selected express shipment on the INTERLINK application form, you do not need to provide it here).**

If you are using your own credit card to pay for express shipment, please complete below. If someone else will be paying with their credit card, they need to complete the attached "Third Party Credit Card" form.

Credit Card Holder's Phone Number: _____

Email Address: _____

Name on Credit Card (please print): _____

Signature of Card Holder: _____

Credit Card:  or 

Credit Card Number:

Expiration Date: ____ / ____



Third Party Credit Card Authorization Form

Return with your application (or fax) to:

International Student & Scholar Services
Fax Number (336) 334-5406
Telephone Number (336) 334-5404
International Programs Center The University of North Carolina at Greensboro
203 Foust Bulding - Greensboro, NC 27402 USA

Please use this form only if financial support is provided by someone other than the applicant.

This is to certify that I _____
(Name of Credit Card Holder and relationship to student)

(please print your full name and relationship to the student) authorize the charge of _____ U.S. dollars to
(Indicate the authorized amount)

my credit card for the express mail shipment of _____ 's I-20 package.
(please print the student's full name)

Credit Card Holder's Name

* Credit Card Holder's Authorization Signature

* Third Party Credit Card Authorization form must have original signature for acceptance by UNCG officials.

Physical Address

Mailing Address

Country/City/ Postal Code

Telephone/Fax/E-mail Address

Please indicate the following information:

Credit Card Type: Visa Mastercard

Card Number: _____ Expiration Date: _____
(mm-dd-yyyy)

[The above credit card information will be shredded after credit card transaction has been made.]