UIC Office of International Services

International Student Declaration and Certification of Finances

Instructions

1. This form will be used to create your Certificate of Eligibility (Form I-20/DS-2019). Please print clearly and complete all information. If information is missing, this will delay the issuance of your document.
2. Include a copy of the biographical information page in your passport. (If you do not include a copy of your passport, this will NOT delay your I-20/DS-2019).
   Once this form is completed, place this form on top of the relevant, original financial documents itemized below, and your passport copy and mail to: **Office of International Services (MC 326) Suite 2160**
   University of Illinois at Chicago
   Student Services Building 1200 West Harrison Street
   Chicago, IL 60607-7164
3. To check the status of your Form I-20/DS-2019 visit: **http://www.uic.edu/depts/oar/prospective_students/index.html**

Personal Information

University Identification Number (UIN) 9 digit number found on your admissions letter _____

Name as it appears on passport: _____
Last Name/Surname First/Given Name Middle Name (optional)

Proposed first term of enrollment (check one term only): ☐ Fall ☐ Spring ☐ Summer Year: _____

Level: ☐ Undergraduate ☐ Graduate ☐ Other_____ Field of study (Major): _____

Marital status: ☐ Single ☐ Married Gender: Male ☐ Female ☐

City of Birth _____ Country of citizenship _____

Country of birth _____ Country of legal permanent residence _____

Date of birth (mm/dd/yy) _____ Email _____

Position/title in Country of Legal Permanent Residence *(If student, indicate "undergraduate" or "graduate")*: _____

Above institution is: ☐ Government (if government, please see below) ☐ Academic ☐ Private Sector ☐ Other: _____

If Government: ☐ Central ☐ State, Regional, or Provincial ☐ City or Town

Mailing Address (This is where your Form I-20/DS-2019 will be mailed)

_____
Address Line 1

_____
Address Line 2 (if applicable)

_____
City State/Province Postal Code

_____
Country

For students currently in U.S. *only*

_____ _____
Current status **SEVIS # (if applicable)**

Do you plan on changing your status? ___ yes ___ no
If yes: ___ by travel ___ within the US.

For students transferring in from a school within the U.S.

Name of school: _____
Name of intl' advisor: _____
Phone number of advisor:_____
SEVIS release date :_____

Dependent Information

If you will be accompanied by your spouse and/or children, you must certify to the U.S. Embassy or Consular office that you have additional financial resources before dependent visas can be issued. The approximate expense **per month** for the first dependent is $500 and $365 for each additional dependent.

- Only include dependents who will accompany you to the U.S.
- Do not include dependents who are U.S. citizens
- Dependents are defined as your spouse or unmarried children under 21
- Attach additional sheet if necessary

Name (Family, First)	Relationship (spouse or child)	Birthdate: mm/dd/yyyy	City of Birth	Country of Birth	Country of Legal Permanent Residence	Country of Citizenship	Gender (male or female)

Financial Certification

1. You are required to document that you can cover the cost of expenses while living in the United States for one academic year (9 months). To see current estimates, visit the OIS website: http://www.ois.uic.edu/students/new/estimated-expenses/
2. The evidence of financial resources which we are requesting are frequently required by consulate officials before a visa is granted. Therefore, we recommend that you request two original documents from each private funding resource. You will need to send one to OIS and keep one for your visa appointment. We cannot return any financial documents that you provide to OIS.
3. All documents must be **original, issued within the past six months, and are in the form of: an official bank statement (savings/checking account), current money market accounts, or current certificates of deposit.**
4. All documents must clearly state the name of the account holder in English (Roman characters). If the original is in another language, a translation must be provided. It must state the exact funding amount (estimates or generalizations are not acceptable.) If you provide evidence of a deposit with a maturity date, it must state the exact date that the funds are available for withdrawal.
5. You may have multiple sources of funding, as long as you meet the total required for your program.
6. If you are issued a DS-2019 (see notes below), we will only issue the document for the duration of funding.

Type of Resource/Funding	**Documents Required**	**Support Amount in U.S. $**
Personal savings account	1a. Original letter from bank on official bank letterhead indicating account type & available funds **OR** 1b. Original bank statement indicating account type & available funds	
Parents and/or sponsors (Print name of each sponsor & their relationship to you, such as family member, etc.) _____ **Sponsor #1, relationship** _____ **Sponsor #2, relationship**	1a. Original letter from bank on official letterhead indicating account type & available funds **OR** 1b. Original bank statement indicating account type & available funds	
UIC assistantship/fellowship	Letter on department letterhead stating amount of funding and duration of time funding is provided	
Home government *(Please print name of agency)* _____	Original letter, on official letterhead, from government agency indicating amount and type of financial aid Note: You will receive a DS-2019.	
Other *(Please specify)*: _____	Original letter, on official letterhead, confirming amount and type of financial aid. Note: You *may* receive a DS-2019.	
	TOTAL	$

I understand that withholding information requested on this Certification or giving false information may make me ineligible for admission to the University of Illinois at Chicago or subject to dismissal if admitted. I have read and understand all of the instructions and information on this Certification and certify that the statements I have made are correct and complete.

Signature of student _____ Date _____

Signature of sponsor (if applicable) _____ Date _____

Signature of sponsor (if applicable) _____ Date _____