

The University of Connecticut School of Law
 International Exchange Programs
 65 Elizabeth Street
 Hartford, CT 06105-2290
 Telephone # (860) 570-5172, Fax # (860) 570-5366

**INTERNATIONAL EXCHANGE STUDENT FINANCIAL DECLARATION FORM
 For 2007/2008 Academic Year**

This declaration must be filled out, signed, and returned along with current supporting documentation (original bank statements, affidavits of support, etc.) **before** a visa eligibility form (I-20 or DS-2019) can be issued. This form is to show how you plan to meet all expenses throughout your academic degree program. **Note:** Supporting documents **must** be original - photocopies and faxed documents will not be accepted.

This form should be returned with your application for admission. If you are completing this form after your acceptance to the University, please complete and return it to the address above. For

J-1 visas, exchange students must show the minimum amount of monthly financial support (net income) which is estimated at US \$1,800 x 5 months = US \$9,000.

Source of Funding (fill in the table with amounts available and provide the required documentation)	Support for 5 months
Personal Funds (official bank statement(s) attached)	\$
Family Funds (bank statement(s) and an affidavit from family member attached)	\$
Personal Sponsor (bank statement(s) and affidavit of support from sponsor attached)	\$
Government Sponsor (signed confirmation letter detailing terms of award attached)	\$
Other Sources (please specify)	\$

DECLARATION: I hereby declare that the information I have provided herein is true to the best of my knowledge. In addition, I fully understand that I am required, at the time of registration, to show evidence of adequate insurance coverage for basic medical and major medical coverage throughout the time that I am a student at the University of Connecticut School of Law.

NAME: _____ Date of Birth: _____
 (Family) (First) (month/day/yr)

SIGNATURE OF APPLICANT: _____ Today's Date: _____
 (month/day/yr)

Student ID NUMBER or Social Security Number if Available: _____
