

Financial Information for International Students

If you will need a student visa to attend IUPUI, you must meet certain financial documentation requirements to receive a **Certificate of Eligibility (I-20 for the F-1 or DS-2019 for the J-1) and apply for your visa**. U.S. immigration regulations require that you demonstrate that you have sufficient funds to cover your living and educational expenses for study on a full-time basis. The estimated amounts below include funding needed to cover your living expenses and mandatory health insurance for 12 months, but not the cost of travel to Indianapolis or optional summer tuition. These amounts are reviewed annually and are subject to change. For up-to-date estimated expenses, visit our web site at http://www.iupui.edu/~oia/AD/admission_step6.html. We have also provided the tuition and living expenses based on a 9 month academic year for comparison to other educational institutions.

To receive an I-20 or DS-2019, you must provide actual documentation that sufficient funds are available to cover all estimated expenses for 12 months, along with a funding plan for the remainder of your intended study. You are not required to have the total amount in cash immediately available to cover this entire period, but you must be able to demonstrate that you have enough readily available funds to meet all expenses for the first year. You must also provide an explanation of your plan for funding the remainder of your study from the same source or document funding availability from other reliable financial source(s). This is the same standard that U.S. visa officers will use to determine your financial ability during your visa interview.

How to Document Your Funding

Complete both sides of this form and attach documentation of funds, as follows:

1. Bank statements or letters (from financial institutions where the sponsor holds an account) must show the actual amount of currency available. To qualify for I-20 issuance, this amount must be equal to or greater than the **total cost based on 12 months** listed below for your program.
2. Your sponsor(s) must complete the **“Financial Support Agreement”** on the reverse (page 2) of this form.
3. Documents must be dated within one year of the start of your anticipated first term at IUPUI.
4. Documents must be in English; translations must be verified by an appropriate bank or government official.
5. If your spouse or child(ren) will accompany you using a dependent visa status, add their estimated expenses to the Total Cost to determine the total amount of funding that you must document (see **“DEPENDENTS”** below).

The Office of International Affairs reserves the right to request additional documentation of funding if deemed necessary.

Funding from a sponsor other than yourself (Family, Friends and/or Organization Funds):

All financial sponsors must complete the Financial Support Agreement on the reverse (page 2) of this form or provide an equivalent formal statement of sponsorship. Total sponsor support must cover the entire duration of your studies at IUPUI: at least **two years for a master’s degree** or **six years for a doctoral degree**.

Sponsor (Family or Friend): Each sponsor must provide evidence of sufficient funds for at least the first year of your study, plus verification of income as evidence of sufficient funding to cover the remaining year(s) of promised support.

Sponsor (Organization): A promise of sponsorship can be stated on the sponsoring organization’s letterhead. The statement should include the duration of sponsorship including the guaranteed dollar amount for a specified period of years or for the duration of study. Alternatively, the statement can specify the specific type of support provided (i.e. Housing).

Funding from your personal finances (Self-funding):

As the applicant, you must complete the Financial Support Agreement on the reverse (page 2) of this form. If providing **bank statements that are in your own name only**, you must show:

- funds on deposit to cover “Total Cost” for the first year of study
- AND
- a reasonable plan for how you will fund the duration of your studies beyond the first year. For example, you may submit a letter from an employer or other sponsor that promises funding for your remaining study. Sponsor support agreements to cover funding shortfalls must meet the guidelines described in the box to the left.

Estimated Annual Expenses for Graduate degree programs

Degree Program	Tuition and fees	Books and Supplies	Health insurance	Living expenses (annually)	Total cost based on 9 months	Total cost based on 12 months
J.D. Program	\$28,568	\$1,100	\$1,365	\$12,300	\$40,258	\$43,333
LL.M. Program	\$24,450	\$1,100	\$1,365	\$12,300	\$36,140	\$39,215
S.J.D. Program	\$24,450	\$1,100	\$1,365	\$12,300	\$36,140	\$39,215

Explanation of tuition estimates

The tuition figure is based on graduate tuition rates and fees 2006-2007 academic year. The estimate assumes a course load of 31 hours per year for the J.D. Program and 24 hours per year for the LL.M. and S.J.D. Programs. Actual expenses will vary depending upon program and number of credit hours taken per semester. Actual tuition rates for the 2007-2008 academic year and beyond can be expected to increase by about 5-7% each year. Summer enrollment is not required for many programs and actual costs will depend upon the number of credits for which you register.

Explanation of living expenses

The estimate for living expenses is determined as follows:

Housing	\$475
Food	\$300
Personal Expenses	\$200
Transportation (cost of monthly city bus pass).....	\$ 50
Monthly expenses subtotal	\$1,025 × 12 months = \$12,300

DEPENDENTS

Married students should anticipate costs of at least \$7,500 per year to support the first dependent (spouse or child) and \$5,000 per year for each subsequent dependent to meet basic needs of rent, food, clothing, and health insurance. If you plan to bring your spouse and dependent child(ren) with you, you must document funding for each dependent.

Financial Support Agreement for 2007–2008

Applicant's Personal Information

Last or Family Name _____ First or Given Name _____ Middle Name _____
Date of Birth (month/day/year) _____ IUPUI applicant ID number _____ Occupation _____

I plan to bring the following **DEPENDENTS** with me:

Name	Relationship to me	Birthdate (month/day/year)	City and Country of Birth	Country of Citizenship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Directions: If you anticipate sponsoring your own studies, you must complete the box(es) below and submit the required documentation. If sponsors other than yourself will be offering financial support, your sponsor(s) must complete one of the box(es) below. If multiple sponsors will be offering support, copy both sides of this form for each sponsor. **A commitment to full or partial support does not exclude you from consideration for scholarship awards.**

FULL FINANCIAL SUPPORT: I will provide full financial support for **Total Costs** (educational & living expenses) for the entire length of the applicant's study at IUPUI. Attached are original bank statement(s) in my name of adequate funding for the duration of studies.

PARTIAL FINANCIAL SUPPORT: I will provide partial financial support for the items marked below. (Check all that apply.)

- Tuition and fees: See page 1 for full amount of tuition and fees or \$ _____
 All other costs (includes all items below). To indicate specific sponsorship, please choose from the items listed below:
 Housing: \$5,700/year Food: \$3,600/year Personal Expenses: \$2,400/year Transportation: \$600/year
 Health insurance: \$1,365/year Books and Supplies: \$1,100/year Other: \$ _____

Duration of support for items indicated above: All study years 1 year 2 years 3 years Other: _____

I have attached bank statements for at least the first year of the applicant's study plus verification of income as evidence that I have sufficient funds to cover the remaining year(s) of promised support.

FULL FINANCIAL SUPPORT for DEPENDENTS: I will provide full financial support for dependents accompanying the applicant to the United States. I have attached original bank statements and/or verification of income as evidence that I have sufficient funds to cover the year(s) of promised support (see "**DEPENDENTS**").

Sponsor Name: _____
Last or Family Name/Surname _____ First or Given _____

Sponsor's Relationship to applicant: _____

Mailing Address: _____

E-mail Address: _____

Signature: _____ Date: ____ / ____ / ____
Month Day Year

Applicant's Declaration

I, _____ (applicant's printed name), hereby promise that the information provided is correct and complete. I understand that I am ultimately responsible for my expenses for the length of my stay in the United States.

Mandatory Health Insurance Information

All students in F or J visa status are required to enroll in IUPUI's mandatory health insurance program for international students, unless sufficient alternative health insurance is documented by the waiver deadline. The cost to students for the 2006–2007 academic year is \$1,356 per year, regardless of age. Coverage begins from August 15 of one year and continues to August 14 of the following year. Students arriving for the Spring semester are covered from January 1. Coverage for dependents is required and is available at an additional cost of \$3,260 for one's spouse and \$2,473 per child. The International Student Orientation Program includes further details about the mandatory health insurance program requirements and coverage.

Student Account Billing

Student accounts are billed in two installments:

\$519 for the Fall semester coverage from August 15 through December 31 (billed in September), and
\$846 for Spring and Summer coverage from January 1 through August 14 (billed in January).

Waivers. Students with pre-arranged health insurance requesting a waiver from the mandatory health insurance plan must do so by the waiver deadline. To qualify for a waiver, you must submit the waiver request form, available from <http://www.iupui.edu/~oia/Hi/studenthealthinsurance.html>, and provide documentation (in English) showing that you have medical coverage that meets the following requirements:

- Coverage of **at least** \$50,000 per accident and per illness
- Deductible not to exceed \$500
- Co-insurance payment not to exceed 80%
- Hospitalization coverage of at least \$1,200 per day
- Repatriation and medical evacuation benefits in the event of death or severe illness
- Verification of dates of coverage for the waiver period specified on the form

Waiver Deadline. Students who do not file acceptable waiver requests with the Office of International Affairs by the first day of the semester may be denied a waiver solely on the basis of late filing of the request.