

**STATEMENT OF FINANCIAL ABILITY FORM  
 VISITING GRADUATE STATUS – (I.P.E. ONLY) - YEAR 2009**

The University of Washington requires certification of adequate financial support from each international applicant, except immigrant visa holders. The Statement of Financial Ability form *MUST* be on file in the Office of Graduate Admissions before admission will be granted. **IF YOU DO NOT HAVE THE REQUIRED FUNDS UPON ARRIVAL AT THE UNIVERSITY OF WASHINGTON, YOU WILL BE OUT OF COMPLIANCE WITH U.S. IMMIGRATION REGULATIONS FOR STUDENT VISA STATUS.** The following expenses are subject to change without notice and the student should be prepared for any adjustments.

EXPENSES	ONE QUARTER (3 MONTHS)	ACADEMIC YEAR (9 MONTHS)
Tuition and student activity fees are covered by tuition waiver	(\$7,840)	(\$23,520)
Health Insurance (Required)	\$473.00	\$1,419.00
Books and supplies	402.00	1,206.00
Room and board	4,158.00	12,474.00
Local transportation	508.00	1,524.00
Personal expenses	755.00	2,265.00
<b>TOTAL (U.S. \$)</b>	<b>\$6,296.00</b>	<b>\$18,888.00</b>

*The University of Washington requires evidence of a minimum of U.S. \$18,888.00 to meet expenses for one year of study only.*

**PLEASE COMPLETE THE FOLLOWING SECTION:**

**I certify that I will have sufficient funds in United States currency available to me for my first year of study I am registered at the University of Washington. I understand that I must be able to support myself for the entire period of stay while pursuing a full course of study at this University.**

**I include official (original) bank statements, financial documentation, or confirmation of any government, agency or employer support, signed in ink by the proper authority, indicating the terms and amount of the award and the correct billing address should any direct billing be required.**

**FINANCIAL SUPPORT WILL BE AVAILABLE FROM THE FOLLOWING SOURCES:**

- Applicant's personal funds \_\_\_\_\_ US \$ \_\_\_\_\_
- Family member(s): \_\_\_\_\_ US \$ \_\_\_\_\_  
 (Print or type name in English)  
 Relationship to applicant: \_\_\_\_\_
- Sponsor(s)/government/agency/employer: \_\_\_\_\_ US \$ \_\_\_\_\_  
 (Print or type name in English)

**TOTAL AMOUNT OF SUPPORT THIS ACADEMIC YEAR ONLY:** US \$ \_\_\_\_\_

Full tuition waiver from the University of Washington: Number of Quarters \_\_\_\_\_ **Department Initials:** \_\_\_\_\_

**CERTIFICATION OF FAMILY MEMBER(S) AND OR SPONSOR(S):**

I have read and understand the foregoing and agree to act as guarantor of its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of family member(s) and/or sponsor(s))

Applicant's name: \_\_\_\_\_  
 (Please print or type) (Family name) (First name) (Middle name)

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(Faxed, photo and/or notarized copies of this financial form are not acceptable. Please keep a copy for your records).***