Financial Declaration

International Graduate Exchange Students (Full Year) - Rice University

Under U.S. law, the university must have certain information, including evidence of adequate financial resources, before issuing a DS-2019. Please complete this form and return it with the requested documentation when accepting Rice's offer of admission. Keep copies of all financial documents submitted, to present to the U.S. consulate/embassy when obtaining a visa, and possibly to US immigration inspectors upon arrival to the U.S. *Documents submitted to Rice University will not be returned to you.*

Name (as written on passport-attact	h copy)		
	Family	First	Middle
Date of Birth Pla <u>Month/Day/Year</u> Pla	ace of Birth		
Month/Day/Year		City	Country
Country of citizenship	Country of	of legal permanent residence_	
Present occupation	Name of	school or business	
Email Address	Cc	oming to the U.S. Alone	With spouse \(\Bar{} \) With children
What was your last position in your			
Type of visa desired: J-1 Exchar	ge Visitor Visa 🗆 O	other, currently in	visa status
□ I <u>have</u> □ I <u>have not</u> been en	nrolled previously in an	educational institution in the	U.S.
Institution		Degree	
Date entered	Date departed	Still in U.S.?	
Proposed Field of Study			
Estimate of expenses for Rice Uni	versity, 2017-2018:		
Tuition&fees	\$44,900	*NOTE: All expenses are	estimates and are subject to change
Books and supplies	\$1200	based on policy cl	hanges and cost of living increases.
Room and board	\$14,500		
Transportation	\$800		
Health insurance (estimated Rice Plan)	\$2575		
Personal	\$1550		
TOTAL	\$66,078**	** If you are bringing deper additional \$4000/depe	

Financial Resources:

SOURCES OF FUNDING (fill in the table below with the amounts and provide the appropriate	FUNDING AMOUNT		
documentation of your financial resources to fund you for the academic year). All bank			
statements need to be in original language and officially translated into English and converted			
into US dollars.			
Rice Tuition Waiver	US \$		
Personal Funds (student's own money) –attach official bank statement(s)	US \$		
Family Funds – attach bank statement(s) and signed letter of support from family member	US \$		
that <u>includes</u> the sponsor's relationship to you (parent, brother, uncle, etc.)			
Government Source(s) – please specify source <u>and</u> attach proof of support	US \$		
Other Sponsor – attach bank statement(s) and signed letter of support from sponsor that	US \$		
<u>includes</u> the sponsor's relationship to you (family friend, employer, etc.)			
	US \$		
	US \$		
TOTAL (must equal or exceed anticipated expenses listed above)	US \$		

Foreign Address: (This is your	physical permaner	nt address in you	r home coun	try – no post of	fice box or unive	ersity address)
Street						
City	State/P	rovince		Countr	<i>v</i>	Postal Code
Mailing Address: (if different idocuments)	from address above	e – please enter th	ne address w	here you would	like to receive y	our immigration
Street						
City	State/P	State/Province		Country		Postal Code
Important Note: If you will be a and countries of citizenship, so the				imes, date of bi	rths, countries o	of birth, city of birth
Dependents information: (ple to the U.S.)	ease complete the fo	following information	ation for each	of your depend	lents that will be	e accompanying you
Dependent #1: ☐ Spouse	□ Child			□Male	Female	
Name (as written on passport-att	ach copy)					
	,	Family		First		Middle
Date of Birth	Place of Birth					
Month/Day/Yea	r		City		Country	
Country of citizenship		Country o	f legal perma	nent residence_		
Personal email address						
Dependent #2: ☐ Spouse	☐ Child			□ Male	□ Female	
Name (as written on passport-att	ach copy)					
		Family		First		Middle
Date of Birth <i>Month/Day/Yea</i>			City		Country	
<i>Монип/Дау/1еа</i>	r		City		Country	
Country of citizenship		Country o	f legal perma	nent residence_		
Personal email address						
I certify that the above info U.S. Immigration regulation health insurance must be presponsible for unforeseen	ons in order to paid prior to re	obtain an entegistration at	try docum Rice Univ	ent. I under ersity, and the	stand that tu	ition, fees, and
Signature					Date	

For questions about this form, please contact Irena Aleksic at ire<u>na.aleksic@rice.ed</u>u or<u>oiss@rice.ed</u>u, or 713-348-6095.