

## Financial Declaration

### International Undergraduate 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-attach copy) \_\_\_\_\_

*Family* *First* *Middle*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City Country

Country of citizenship \_\_\_\_\_ Country of legal permanent residence \_\_\_\_\_

Present occupation \_\_\_\_\_ Name of school or business \_\_\_\_\_

Email Address \_\_\_\_\_ Coming to the U.S.  Alone  With spouse  With children

What was your last position in your home country (country of citizenship)? (Example: undergraduate student)

\_\_\_\_\_

Type of visa desired:  J-1 Exchange Visitor Visa  Other, currently in \_\_\_\_\_ visa status

I have  I have not been enrolled 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 one year at Rice, 2018-2019:

Fall Tuition	\$46,600
Required Fees	\$745
Books and supplies	\$1200
Room and board	\$14,000
Transportation	\$700
Health insurance (estimated Rice Plan)	\$2683
iPREP (one-time) fee	\$195
O week (one-time) fee	\$670
Personal	\$2600
<b>TOTAL</b>	<b>\$69,383 **</b>

\*NOTE: All expenses are estimates and are subject to change, based on policy changes and cost of living increases.

\*\* If you are bringing dependents, please estimate an additional \$4000/dependent.

#### Financial Resources:

SOURCES OF FUNDING (fill in the table below with the amounts and provide the appropriate 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.	FUNDING AMOUNT
<b>Rice Tuition Waiver</b>	<b>US \$ 46,600</b>
<b>Personal Funds (student's own money)</b> –attach official bank statement(s)	<b>US \$</b>
<b>Family Funds</b> – attach bank statement(s) <b>and</b> signed letter of support from family member that <b>includes</b> the sponsor's relationship to you (parent, brother, uncle, etc.)	<b>US \$</b>
<b>Government Source(s)</b> – please specify source <b>and</b> attach proof of support	<b>US \$</b>
<b>Other Sponsor</b> – attach bank statement(s) <b>and</b> signed letter of support from sponsor that <b>includes</b> the sponsor's relationship to you (family friend, employer, etc.)	<b>US \$</b>
	<b>US \$</b>
	<b>US \$</b>
<b>TOTAL</b> (must equal or exceed anticipated expenses listed above)	<b>US \$</b>

Name \_\_\_\_\_  
Family First Middle

**Foreign Address:** (This is your physical permanent address in your home country – no post office box or university address)

Street \_\_\_\_\_  
City State/Province Country Postal Code

**Mailing Address** where you would like to receive your immigration documents

Street \_\_\_\_\_  
City State/Province Country Postal Code

**Important Note:** If you will be accompanied by dependents, please give their names, date of births, countries of birth, city of birth and countries of citizenship, so they can be issued appropriate documentation.

**Dependents information:** (please complete the following information for each of your dependents that will be accompanying you to the U.S.)

Dependent #1:     Spouse     Child                                   Male     Female

Name (as written on passport-attach copy) \_\_\_\_\_  
Family First Middle  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City Country  
Country of citizenship \_\_\_\_\_ Country of legal permanent residence \_\_\_\_\_

Dependent #2:     Spouse     Child                                   Male     Female

Name (as written on passport-attach copy) \_\_\_\_\_  
Family First Middle  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City Country  
Country of citizenship \_\_\_\_\_ Country of legal permanent residence \_\_\_\_\_

**I certify that the above information is correct, and I am supplying supporting documentation required by U.S. Immigration regulations in order to obtain an entry document. I understand that tuition, fees, and health insurance must be paid prior to registration at Rice University, and that Rice cannot be held responsible for unforeseen difficulties that alter my financial situation.**

\_\_\_\_\_  
Signature Date

For any questions about this form, please contact [jbrydon@rice.edu](mailto:jbrydon@rice.edu) or [oiss@rice.edu](mailto:oiss@rice.edu) or 713-348-6095.