5713 Chadbourne Hall, Room 122 24 Munson Road Orono, Maine 04469-5713



Tel: 207.581.3437 Fax: 207.581.2920 Email: international@maine.edu umaine.edu/international

## **DECLARATION OF FINANCES**

Personal Information				
Student Name		Date of Birth	Date of Birth	
Email Address		Student ID#		
Reason for Submitting the D	eclaration of Finances			
If Requesting Initial I-20 To enter the U.S. By Myself With Dependents Transfer into UM/UMM from another U.S. institution To apply for a Change of Status to F-1 Status To apply for Reinstatement Other: Not applicable Cources of Financial Support		If Updating Current I-20 Add/Update Dependent Information Update Financial Information on I-20 Change of Level Request Program Extension Request Other: Not applicable		
Source of Financial Support (Check of			Guaranteed Support (in USD)	
<b>Self.</b> Submit financial documents which list your name as the account holder. You (the student) are required to complete the "Sponsor Financial Certification" section.			\$	
<b>Sponsors.</b> Please submit an original bank statement from each sponsor verifying the amount of liquid funds. Sponsors are required to complete the "Sponsor Financial Certification" section.			Provide these totals in the following section.	
UM/UMM Scholarship(s). Submit a copy of your award letter(s).			\$	
<b>Outside Scholarship/Loan/Employer/Other Organization.</b> Please submit an official award letter/loan approval letter on official letterhead.			\$	
	nd certify this form either handwritter please include another page of the fir Im estimated expenses. Estimates are at the point of course registration. For willing and able to financially suppo	nancial affidavit with the additional e subject to change without prior n r dependents: You must demonstr ort the student named on this fol	sponsors. The total guaranteed financials otice; the exact cost of attendance will ate an additional \$X,XXX.XX per for the amount indicated in the	
Sponsor Name	Sponsor Signature	Date (mm/dd/yyyy)	Guaranteed Support (in USD)	
of Maine System. I will notify the Univers	nis form are true and accurate, and tha sity immediately of any change in my f	at the stated funds are available for inancial circumstances. I understo	or my educational expenses in the University and that the submission of inaccurate er 18, your parent must also certify the	
Student's Signature		Date	Date (mm/dd/yyyy)	
Parent's Signature				