



Graduate Affidavit of Financial Support for International Students

To be used by students financially dependent on the support of others.

If you need a new I-20, Western Connecticut State University is required by the U.S. government regulations to determine whether you have adequate funding for tuition, fees, and living expenses for the duration of your stay in the United States. International Services will be unable to process your request for a new I-20 until funding documentation is complete.

STUDENT INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____

WCSU Email: _____

Country of Birth: _____

City of Birth: _____

Country of Residence: _____

Country of Citizenship: _____

Current Status: ____ F-1 ____ Other: _____

ESTIMATED 2025–2026 EXPENSES:

Check all that apply:

- ☐ Graduate Tuition and Fees (*Excludes MFA programs*)
- ☐ MFA - Creative and Professional Writing Tuition Fees
- ☐ MFA - Visual Arts Tuition Fees
- ☐ Room
- ☐ Meals
- ☐ Dependent Additional Charge (cost per person)

Cost

\$19,397
\$20,041
\$22,931
\$9,880
\$3,908
\$5,000

Total estimated 2025 – 2026
expenses based on your
selections.

\$_____

NOTE: The total amount above represents an estimate of expenses associated with continuing your program of study at WCSU. Additional funds may be needed to allocate towards health insurance, books, transportation, and/or additional miscellaneous items for the year. * **You are required to have health insurance. You may purchase health insurance online at this website:** www.aetnastudenthealth.com

STUDENT DECLARATION

I, _____ (*student's printed name*), hereby promise that the information provided is correct and complete. I understand that I am ultimately responsible for all expenses associated with my stay in the United States. Additionally, ***I understand that the estimated expenses need to be paid before my travels to the U.S.***

Student Signature: _____

Date: (mm/dd/yyyy) ____/____/____

AFFIDAVIT OF SUPPORT

SOURCE OF FUNDS

Check all that apply:	Funding Amount
<input type="checkbox"/> Self-Sponsored	\$ _____
<input type="checkbox"/> Personal Sponsors	\$ _____
<input type="checkbox"/> Funding Agency	\$ _____
<input type="checkbox"/> Other (specify) _____	\$ _____
Total Funding Amount: \$ _____	

Note: The total funding amount should match the estimated 2025-2026 expenses amount shown on page 1.

SPONSOR INFORMATION AND CERTIFICATION

Ask your personal sponsor(s), funding agency, and other to complete the appropriate sections below. A separate affidavit is required from each sponsor. The sponsor and the account holder on the official bank statement must be the same.

SPONSOR TYPE: ☐ Personal Sponsor ☐ Funding Agency ☐ Other

Name: _____

Please include the official title, office, or division for the Funding Agency's representative.

Relationship to Student: _____

For Funding Agencies, please include the name of the agency.

Address: _____

Check all that apply:

☐ Will provide **full financial support** for the student's estimated expenses shown on page 1, for the entire length of study at WCSU.

☐ Will provide **partial financial support**. Amount per year: \$ _____

Duration of Support: Check all that apply

☐ All Study Years ☐ 1st Year ☐ 2nd Year ☐ 3rd Year

SPONSOR BANK CERTIFICATION

☐ I have attached one or multiple itemized statement/s of current (within the past 3 months) account balances from the bank showing U.S. dollars or the type of currency where the account is held, totaling the amount needed. The sponsor on the Affidavit of Financial Support and the account holder on the official bank statement must be the same. **Bank letters from the bank alone are not sufficient. All documents must be written or translated to English.**

I certify that the information given by me on this form is complete and accurate and I understand that misrepresentation on this form may be cause for rescinding admission for the student. Additionally, ***I understand that the estimated expenses must be paid before the student travels to the U.S.***

Signature of Sponsor: _____

Date: (mm/dd/yyyy) ____/____/____

Please affix the official seal of the funding agency if available.