

Name _____
 Family/Last Given/First Date of Birth (MM/DD/YYYY)

FINANCIAL INFORMATION

| Source of Funds: | Certification of Funds: |
|---|---|
| <input type="checkbox"/> Self- Supporting <ul style="list-style-type: none"> • Attach bank statement within the last 6 months | Name of Financial Inst/Bank: _____ Country of Financial Inst/Bank: _____ |
| <input type="checkbox"/> Sponsored by another individual <ul style="list-style-type: none"> • Attach bank statement or letter • By signing this form, the sponsor certifies that funding amount provided is true, that funds are readily available, and will be provided for the student's education. | Relationship to Student: _____ Name of Sponsor: _____ Signature of Sponsor: _____ Date of Signature: _____ |
| <input type="checkbox"/> Scholarship or Government Funding <ul style="list-style-type: none"> • Attach official copy of sponsor letter | Name of the Government or Sponsorship Agency: _____ |
| <input type="checkbox"/> UTC Graduate Assistantship <ul style="list-style-type: none"> • Attach copy of official GA Offer Letter | Name of the Department: _____ |

DEPENDENT FAMILY INFORMATION

- I do NOT have any dependents accompanying me.
 I do have dependent(s) who will need an I-20 issued by CGE*

*** Please list your dependent(s) information below and attach a copy of their passport(s).**

| | |
|-------------------------|-------------------------------|
| Spouse's Name: _____ | Date of Birth: _____ |
| Country of Birth: _____ | Country of Citizenship: _____ |
| Child's Name: _____ | Date of Birth: _____ |
| Country of Birth: _____ | Country of Citizenship: _____ |
| Child's Name: _____ | Date of Birth: _____ |
| Country of Birth: _____ | Country of Citizenship: _____ |
| Child's Name: _____ | Date of Birth: _____ |
| Country of Birth: _____ | Country of Citizenship: _____ |

STUDENT DECLARATION OF ACCURACY:

I certify that the information given on this form is complete and accurate to the best of my knowledge. I understand that I am ultimately responsible for all expenses associated with my stay in the United States. I am fully aware that any false or misleading information will result in disciplinary action through the office of Student Conduct.

 Student Name

 Student Signature

 Date (MM/DD/YYYY)