

Statement of Financial Support Form

All international applicants to UCLA Extension requiring an F-1 visa must prove financial ability to pay for all tuition, fees, and other estimated costs comprising at least one year’s total cost of attendance. The costs associated with the student’s chosen program are found below in the “Estimated Total Cost of Attendance by Program” chart. While UCLA Extension evaluates only one year’s worth of financial ability (or the entirety of the program for those shorter in duration), UCLA Extension should be reasonably sure that the student’s financial ability will cover the entirety of the student’s program costs. Please upload this completed form along with accompanying bank documentation (detailed below) to your Form I-20 Application under the “Financial Certification” section. For any questions related to this form, please contact International Student Services at iss@uclaextension.edu.

FINANCIALLY RESPONSIBLE PERSON

If anyone other than the student will be listed on the accompanying financial documentation submitted as proof of financial ability, please fill out the personal information below, and indicate relation to the student. If funds exist in the student’s name, please mark “Self” below.

Full Name: _____

Relationship to Applicant: Self Family Sponsor

Occupation: _____

Telephone: _____ Email Address: _____
 +Country Code Number

Permanent Address: _____
 House/Apartment/Block Number & Street Name

 City State/Province/Territory Country Postal Code

FINANCIAL VERIFICATION DOCUMENTS

A clear, color scan of the following will be accepted as proof of financial support and should be uploaded to the I-20 application:

- A bank statement in English showing adequate liquid funds exist in the account(s) to cover the cost of your program.
- A certified letter in English from a financial institution stating adequate liquid funds exist in the account(s) to cover the cost of your program.
- A sponsor letter in English stating that adequate funds are available to cover the cost of your program.

UCLA Extension will not accept the following as proof of financial support:

- Insurance policies with a liquidated cash option
- Stocks, bonds, or money market accounts or certificates of deposit (CDs)
- Real estate holdings valuations

REQUEST FOR F-2 STATUS FOR ELIGIBLE DEPENDENTS

If you do not intend to bring any dependents, you do not need to calculate dependent funding into the estimated total cost of attendance and may indicate “None” in the Dependent Information section of the I-20 application.

F-1 students have the ability to seek F-2 status for qualifying dependents. F-2 status allows your eligible family members to travel with you to the U.S.

To qualify for F-2 status, your dependents must be:

- Your legally married spouse, or your dependent child under the age of 18 years old
- Able to demonstrate financial support in a manner consistent with your ability support yourself through your duration of your F-1 status

When calculating your estimated total cost of attendance below, for dependents please factor in the following:

- Legal spouse, **add \$7,600**
- Minor dependents, **add \$5,000/dependent**

ESTIMATED TOTAL COST OF ATTENDANCE BY PROGRAM

Program	Tuition & Fees	Living Expenses	Health Insurance	Total
All Certificates	\$19,035	\$20,475	Included	\$39,510
Global Programs (Study Abroad)	\$6,945	\$6,825	Included	\$13,770
School of Dentistry	\$21,000	\$20,475	See Admission Letter	\$41,475
Custom Programs	Variable	Variable	Included	See Program Details
UCLA Extension Pathway	\$36,246	\$18,454	--	\$54,700
Readmission to UCLA	\$13,090	\$13,650	--	\$26,740

Note: Certificate, School of Dentistry, and Pathway costs are calculated for 3 quarters, or one academic year at UCLA Extension. Global programs and Custom programs are calculated at the exact length of the program. Readmission to UCLA is calculated at 2 quarters.

I certify that I, _____ (print student name) have read the information on this form and certify all uploaded financial support documents are true and represent funds available to match or exceed all estimated costs of attendance for my program as outlined in the Estimated Total Cost of Attendance portion of this form. I further understand that while I must only prove one academic year's worth of financial ability, it is my responsibility to ensure that full funding is available throughout my studies and any required funding for dependents. Lastly, I understand that the figures in the above chart are subject to change, and the totals do not represent what is due to UCLA Extension, but the overall estimated cost to participate in my chosen program and live in the greater Los Angeles area.

Student Signature: _____

Date: ____/____/____