

VISITOR'S NAME: _____



Office of International Affairs

Financial Resources Form
F-1 Student – Resident

An F-1 student is a nonimmigrant who is pursuing a full course of study to achieve a specific educational or professional objective at an academic institution in the United States, which has been designated by the Department of Homeland Security to offer courses of study to such students. The Office of International Affairs (OIA) must determine a student's eligibility to be issued a Form I-20, to be used when applying for the F-1 visa at a U.S. Embassy or Consulate abroad, or if the student is already in the U.S., by sending the Form I-20 to U.S. Citizenship and Immigration Services when applying for a change of status to F-1.

The **Financial Resources Form and all necessary accompanying documentation** are required in order to establish that adequate funding exists. Prospective students must provide evidence of guaranteed funding for the first year of their program, and projected funding for the remainder of their program.

The amount of financial resources required will be based on the academic program you will pursue. Students admitted to a program of study at The University of Texas Health Science Center at Houston (UTHealth) must complete and sign this form and return all original documents, including supporting documentation, to OIA at the address below in order to determine eligibility for the Form I-20. Please note that supporting documentation received must be dated within six months from the date the document is issued.

Section I: Estimated Expenses

The figures below represent minimum estimated expenses for the 2021-2022 fiscal year based on a 12-month period at resident tuition. Your financial resources must equal or exceed the minimum total estimated expenses for the academic program you will pursue at UTHealth in order to be eligible for a Form I-20. Please be aware that the information below is only a guide in calculating that amount of financial support you will need in a 12-month period. **Tuition and fees are subject to change, and you should be prepared for an increase if deemed appropriate by the institution.** The total estimate of the resident tuition rates are based off the [Financial Aid](#) Office's Cost of Attendance figures. Should you have any questions regarding tuition and fees, please contact the Registrar's Office by email at registrar@uth.tmc.edu or by phone at (713) 500-3361.

	Graduate School of Biomedical Sciences	School of Public Health	School of Biomedical Informatics
Tuition and Fees	\$ 8,983.00	\$ 9,971.00	\$ 9,783.00
Books /Supplies	\$ 300.00	\$ 3,000.00	\$ 1,945.00
*Room and Board	\$ 20,856.00	\$ 20,856.00	\$ 20,856.00
Transportation	\$ 2,724.00	\$ 2,724.00	\$ 2,724.00
Personal/Misc.	\$ 3,372.00	\$ 3,372.00	\$ 3,372.00
Total Estimate	\$ 36,235.00	\$ 39,923.00	\$ 38,680.00

**Increase the amount for Room and Board by \$1,000 per year for each dependent accompanying you to the U.S. in F-2 status.*

Phone: 713-500-3176 Fax: 713-500-3189

E-mail: utoiahouston@uth.tmc.edu

7000 Fannin Street, Suite 130

Houston, TX 77030

Web: <http://www.uth.tmc.edu/intlaffairs>

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Section IV: Certification

Sponsor:

If you have additional sponsors, please attach the [Additional Sponsors Form](#).

All sponsors are required to provide an original certified bank statement that confirms the amount of liquid funds available to you in U.S. dollars, signed and dated by a bank official. Sponsors must also provide an original signed letter certifying the availability of the liquid funds and their willingness to sponsor the student. All documents not in English must be accompanied by a certified English translation.

Sponsor's Name (Please print): _____

Applicant's Name (Please print): _____

Relationship to Applicant: _____

Amount of sponsorship: _____

Address: _____

I have reviewed the financial information given in Section III by the applicant. I certify that the amount indicated is true and accurate and the funds are available:

Sponsor's Signature: _____ Date: _____
(sign in ink – no digital signatures accepted)

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Relationship to Applicant: _____

Amount of sponsorship: _____

Address: _____

I have reviewed the financial information given in Section III by the applicant. I certify that the amount indicated is true and accurate and the funds are available:

Sponsor's Signature: _____ Date: _____
(sign in ink – no digital signatures accepted)

I certify that the above information and all supporting documentation submitted to OIA to substantiate the amount of financial resources available to me for at least the first year of study is true and accurate.

Student's Signature: _____ Date: _____
(sign in ink – no digital signatures accepted)