

F-1 Student Financial Resources Form – Resident

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. 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 send all required documents, including supporting bank statements/letters, to utoiahouston@uth.tmc.edu 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.

ESTIMATED COSTS – ACADEMIC YEAR 2023 to 2024

The figures below represent the minimum estimated expenses for the 2023-2024 fiscal year based on a 12-month period at resident tuition. 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 is based off the [Student Financial Services Office Cost of Attendance](#) figures.

	Graduate School of Biomedical Sciences	School of Public Health	School of Biomedical Informatics
Tuition and Fees	\$ 10,051.00	\$ 11,202.00	\$ 10,379.00
Books /Supplies	\$ 300.00	\$ 1,400.00	\$ 1,945.00
Room and Board	\$ 25,428.00	\$ 25,428.00	\$ 25,428.00
Transportation	\$ 3,084.00	\$ 3,084.00	\$ 3,084.00
Personal/Misc.	\$ 3,828.00	\$ 3,828.00	\$ 3,828.00
Total Minimum Estimate (shown on form I-20)	\$ 42,691.00	\$ 44,942.00	\$ 44,664.00

STUDENT INFORMATION *Completed by Student.*

Name (as it appears on passport): _____
Family Name/Surname
Given Names (First and Middle Names)

UTH ID: _____ **Date of Birth (month/date/year):** _____ **Citizenship:** _____

Do you plan to come with F-2 dependents (spouse/children)? Yes No **If yes, indicate number of dependents:** _____

If you plan to bring a spouse and/or child with you to the U.S. in F-2 (dependent) status, you must demonstrate the ability to support your dependents **by providing proof of additional funding in the amount of 5,000 USD per dependent.**

SPONSOR INFORMATION *Completed by each Sponsor (self, family, friends, etc.). Make additional copies if necessary.*

Please identify who will sponsor you and the amount you expect to receive from each sponsor. In addition to the completed Financial Resources Form, each individual sponsor and/or self-sponsoring student must submit supporting bank statements/financial documents verifying availability of funds pledged in sponsorship. Bank statement/letter must be issued by bank within the last six months and must include, bank name and address, account holder's name (matching name of sponsor), account type, available funds, and type of currency.

Note: All documents not in English must be accompanied by a certified English translation.

Funding Sources (select all that apply)	Required Documentation	Amount in US Dollars (USD)
<input type="checkbox"/> Personal Funds (self-supporting)	<ul style="list-style-type: none"> Completed and signed Financial Resources Form (yourself as a sponsor) Copy of Bank Statement or Bank Letter 	
<input type="checkbox"/> Family/Relative/Friend Sponsor(s)	<ul style="list-style-type: none"> Completed and sponsor signed Financial Resources Form Copy of Bank Statement or Bank Letter 	
<input type="checkbox"/> Government/Employer/Sponsoring Institution	<ul style="list-style-type: none"> Copy of official award letter or scholarship letter, with details of award from authorized agent/institution. 	

SPONSOR STATEMENT OF SUPPORT To be signed by Sponsor

This is to certify that I, the sponsor _____ am willing and able to provide funds in the amount of no less than USD \$: _____ in support of _____ for their tuition, fees, health insurance, and living expenses for at least one year at The University of Texas Health Science Center at Houston and have provided documentation that is true and accurate and that these funds are available. In addition, I understand that the estimated cost of attendance at UTHealth Houston is subject to increase without prior notice.

Sponsor Name: _____ **Relationship to Student:** _____
Family Name/Surname Given Name

Sponsor Address: _____

Telephone: _____ **Email:** _____

Signature of Sponsor: _____ **Today's Date:** _____

SPONSOR STATEMENT OF SUPPORT To be signed by Sponsor

This is to certify that I, the sponsor _____ am willing and able to provide funds in the amount of no less than USD \$: _____ in support of _____ for their tuition, fees, health insurance, and living expenses for at least one year at The University of Texas Health Science Center at Houston and have provided documentation that is true and accurate and that these funds are available. In addition, I understand that the estimated cost of attendance at UTHealth Houston is subject to increase without prior notice.

Sponsor Name: _____ **Relationship to Student:** _____
Family Name/Surname Given Name

Sponsor Address: _____

Telephone: _____ **Email:** _____

Signature of Sponsor: _____ **Today's Date:** _____

STUDENT ATTESTATION

I certify that the above information and all supporting documentation submitted to OIA to substantiate the amount of financial resources available to me is true and accurate. I understand that I remain responsible for all financial obligations should my source(s) of funding, as specified above, be interrupted or stopped.

Signature of Student: _____ **Today's Date:** _____