

Affidavit of Financial Support for International Exchange Students

If you will need an F-1 or J-1 visa, the University of Michigan is required by U.S. government regulations to obtain documentation proving that international applicants have adequate financial resources to provide for their expenses, including dependents, for the duration of their program. If you are currently in the U.S. on an F or J visa, you must also send a copy of your recent I-20 or DS-2019 along with a copy of your passport, I-94 card and visa.

You are required to submit an affidavit of financial support with your application for admission. If you are offered admission, you are required to provide certification of the availability of a minimum of \$3,821 (U.S. dollars) per month to cover your expenses for the duration of your exchange program. Additional certification will be required if you plan to bring dependents with you. Funds may come from a variety of resources, including personal/family, government, or sponsoring organization. Keep copies of all financial documents to present to the U.S. Consulate when applying for a visa.

Estimated Dependent Expenses

Estimated Student Expenses 2025-2026

Mandatory Health Insurance (1 month) TOTAL ESTIMATED	\$274	Mandatory Health Insurance for student + more than one dependent (1month)	\$809
personal items — 1 month)	\$274	for student + one dependent (1 month)	\$542
(housing, food, utilities, transportation,	ψ3,347	Mandatory Health Insurance	¢540
Living Expenses	\$3.547	not including health insurance (1 month)	
of understanding between the home institution and the University of Michigan School of So		Each additional dependent's living expenses	\$263
Tuition & Fees for One Term (Sp/Su, Winter, *Waived in accordance with the memorandum	,	Spouse's living expenses, not including health insurance (1 month)	\$542

Length of stay for exchange students is typically three to four months.

- A three (3) month stay requires the certification of the availability of a minimum of \$11,463 (U.S. dollars)
- A four (4) month stay requires the cerification of the availability of a minimum of \$15,284 (U.S. dollars)

REQUIREMENTS FOR DOCUMENTATION OF FUNDS

Complete both pages of the Affidavit of Financial Support form and provide documentation as required.

- Official and original dated bank statement(s) showing current balance or official letter from bank stating that funds are available, including the amount available, and that the funds "may be withdrawn at any time without penalty" must be provided. (Do not submit long statements that include transaction history.)
- Electronic documents are acceptable, but must clearly be from an original document. You must have your originals available. Please note that email is not secure.
- All accounts must be easily accessible and liquid assets.
- All documents must be in English. Otherwise, an official English translation must accompany the original.
- All supporting documentation must be dated within three months of I-20 or DS-2019 processing. If you are in the U.S., you must provide a current official bank statement.
- Letters of sponsorship must include exact dollar amount of support (in US dollars) and dates of sponsorship.

The following may <u>not</u> be used as documentation of funds:

- Statements verifying employment and salary
- Insurance premiums and policies
- Property or personal assets (automobiles, land, buildings, jewelry, etc.)
- Non-liquid assets such as stocks, bonds, equities, retirement accounts
- Income tax returns
- Attestations stating only that a sponsor can meet the expenses

Note: All credentials submitted for issuing the immigration document become the property of the University of Michigan and will not be returned in original or copy form.

Immigration documents will be sent to admitted applicants at the earliest date possible.



Affidavit of Financial Support for International Students

APPLICANT'S PERSONAL INFORMATION (please type or print clearly)

Name Last (Family)	List U.S. Social Security Number OR University of Michigan
First (Given)	UMID#, if known
Middle	
Country of Citizenship	
City and Country of Birth	
Date of Birth (month/day/year)/	

DEPENDENT INFORMATION

□ I plan to come alone.	My dep will cor		The dependents listed will accompany me.				
Full name of dependent: Last (Family), First (Give	en)	Relationshi To You	р	Birth date (month/day/year)	City and Country of Birth	Country of Citizenship	
					-		

AFFIDAVIT OF SUPPORT FROM PERSONAL SOURCES (FAMILY, FRIENDS, SELF)

Directions: Ask your personal sponsor(s) to complete the appropriate sections below. Where several sponsors will be offering partial support, provide a copy of both pages of this form for each sponsor, including yourself if you are supporting yourself to any degree.

 I will provide full financial support for the applicant's educational and living expenses for the entire length of study at the University of Michigan. OR 	Personal Sponsor or Self: Name Last (Family)
I will provide partial financial support.	First (Given)
Amount per month: \$	Relationship to applicant
Number of months:	Address
□ I will provide full support for spouse and/or children if accompanying applicant to the United States (please refer to dependent expenses for calculation).	
As verification that funding is available, I have attached an original bank statement(s) or letter from the bank. Include applicant's name on all financial documentation.	Signature

SCHOOL OF SOCIAL WORK UNIVERSITY OF MICHIGAN

AFFIDAVIT OF SUPPORT FROM THE FUNDING AGENCY (GOVERNMENT, ORGANIZATION OR INSTITUTION/SCHOOL)

Directions: Please ask your funding agency to complete this form or to provide an original letter including the following details regarding your support.	Signature Date
We,	
(name of sponsor)	Official Title
hereby certify that we will pay the following expenses for	
	Address
(applicant)	
from	
(country) Living expenses for student	Address where tuition and fees will be billed, if applicable.
□ Health Insurance \$	
Living expenses for spouse \$ and/or children	
Study is approved for	
(degree)	
in	
(field of study)	Official Seal of Funding Institution (if available)
at the University of Michigan.	
Funding is effective from to to/	
Total award is \$ per month for months.	

Applicant's Declaration

I,(applicant's printed name)		
anticipated monthly expenses for the length of my sta	y in the Ur ed copies o	omplete. I understand I ultimately am responsible for all hited States. I understand that these documents will not be of my original documents, I must have hard copies of the ents.
Date		
Send	l to:	Email: ssw.msw.info@umich.edu
		Office of Student Services and Enrollment Management University of Michigan School of Social Work 1080 South University, Room 1748

Ann Arbor, MI 48109-1106 USA