

Department Request for F-1 Sponsorship

This form should be completed before a new international student begins an academic program at UNMC.

Complete this form with a computer on-line from the website: www.unmc.edu/isp. All blanks on this form must be answered. After the form is completed, send as an email attachment to international@unmc.edu. If you cannot save completed PDFs, then print the form and send to International-UNMC, zip: 5735..

PART I. Academic Program.

Name of Academic Unit: _____

Administrative Contact Name: _____ Phone: _____

UNMC Department Address: _____
Dept Name Bldg/Rm Campus Zip

Phone: _____ Fax: _____ Email: _____

Program Start Date: _____ / _____ / _____ Expected Completion Date: _____ / _____ / _____
(mm/dd/yy) (mm/dd/yy)

Degree Level Student Will Pursue (Mark one): Master's Doctorate

Other (Please Explain) _____

Major: _____ Normal Length of Study Is _____ Years

PART II. Student Biographical Information.

Student's Name: _____
Family Name First Name Middle Name

Sex(M/F): _____ Marital Status: Married Single Date of Birth: _____ / _____ / _____
(mm/dd/yy)

Place of Birth: _____
City Country

Country of Citizenship: _____ Currently in the United States? Yes no

If currently in the US, which visa status? _____ If currently F-1, the prospective student must be maintaining valid F-1 student status to be eligible to be sponsored by UNMC.

Current Address: _____

_____ Email: _____

_____ Phone: _____

Form Continued on next page

PART III. Documentation of Financial Support. The University of Nebraska Medical Center is required to obtain certification that the international student will have adequate financial resources to cover the first year of expenses. If the applicant is receiving funds from an organization or a private source, financial statements and a financial Affidavit of Support are required.

Annual Expenses:

Cost of Living: **\$14,000**

Tuition: _____

Insurance/fees: _____

Total Annual Expenses: _____

Source of Financial Support:

Student's Personal Funds: _____

Graduate Assistantship from UNMC: _____

Tuition and/or Fees Waiver: _____

Funds from Other Source: _____ specify: _____

Total funding for first year:: _____

Part IV. Dependent Information. To be completed if prospective student currently has dependent family members in the US with F-2 status. Attach a separate sheet of paper if more space is needed. \$2,000 of additional support is required for each dependent.

Name (Family, First, Middle)	Date of Birth (mm/dd/yy)	Relationship	Citizenship

F-1 International students must be enrolled for full-time hours each Fall and Spring semesters except for student's final semester if less than full-time hours are required to finish degree.

Administrator Signature: _____

Date: _____