

**UNMC College of Dentistry
Postgraduate Program Financial Data**

Please complete in full

What is the occupation of your family?	
Occupation of the person who will support you?	
What is the total annual income of the person who will support you?	
How many people are dependent upon this income?	
How many are in school?	
How many are in the United States?	
What is the exchange rate of your currency to the U.S.? (Example 9.2 Pesos=\$1)	
Does your government impose restrictions or limitations on the exchange and release of funds for study in the U.S.?	If yes, describe restrictions:
How will you pay for your transportation to the U.S. and return?	
In case of emergency, are there sources of additional U.S. funds available to you once you arrive in the United States?	If yes, gives sources and amounts:

The aggregate minimum expense for a single foreign student, exclusive of transportation to and from Lincoln, is estimated to be \$24,250 for a 12-month academic year. A married student who is accompanied by a spouse will be required to document that an additional \$2,000 of financial support is available for that spouse and an additional \$1,000 for each dependent.

Sources of Funds

Assured amounts in U.S. Currency

		First Year	Second Year	Third Year
Personal Savings	Name of Bank:			
Family &/or Friends	Names & Relationships:			
Your Government	Enclose copy of award			
Other	Please specify			
Totals				

Student and Sponsor Certification

I, _____ certify that the total amount of money (exclusive of travel) available to me for my first academic year in U.S. \$ _____, and that the total amount available for each subsequent year of study while in U.S. \$ _____.

Signature of student

Signature of sponsor

Bank Certification

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the said funds are available.

Bank Official's Signature & Date

Title or Position

Address

Note: Bank statement must be from sponsor's bank, NOT from the student's bank. Furthermore, another student in the USA may not serve as a sponsor. Seal or stamp of bank

Return this form to: UNMC College of Dentistry Postgraduate Admissions
P.O. Box 830740
Lincoln, NE 68583-0740