

Department Request for F-1 Sponsorship

This form must be completed before a new international student can begin full-time study in an academic program at UNMC.

All fields on this form must be completed. The completed form should be sent as an email attachment to globalsupport@unmc.edu.

PART I. Academic Program.

Name of Academic Unit: _____

Administrative Contact Name: _____ Phone: _____

UNMC Department Address: _____

Email: _____

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

Degree Level Student Will Pursue (Mark one): _____ Master's _____ Doctorate
_____ Other (Please Specify): _____

Major: _____ Normal Length of Study Is _____ Months

Primary Campus of Study: _____

PART II. Student Biographical Information.

Student's Name: _____
Family Name Given Name(s) including Middle Name(s)

Gender(M/F/O): _____ Date of Birth: _____
(mm/dd/yyyy)

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: _____
 Insurance (one year): _____
 Miscellaneous Expenses: _____
 Non-Resident Tuition: _____
 Total of All Applicable 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 Source: _____

Total funding for first year: _____

Part IV. Dependent Information. To be completed if prospective student is bringing dependent family members to the US with F-2 status. \$4,000 of additional support is required for spouse, \$2,000 each dependent child under 18.

Name (FAMILY, Given, Middle)	Date of Birth (mm/dd/yyyy)	Relationship (spouse, son, daughter)	Country of Citizenship

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

Administrator Signature: _____

Date: _____

