CERTIFICATION OF FINANCIAL RESPONSIBILITY (CFR)

RECIPROCAL EXCHANGE STUDENTS 2017-2018

International Student & Scholar Services / The University of Texas at Austin

INSTRUCTIONS

- Upload this completed form (in PDF format) to: https://utdirect.utexas.edu/ogs/forms/supp_docs.WBX
 - Paper, e-mailed, or faxed copies will not be accepted.

☐ My dependent will accompany me on my initial entrance to the United States.

- Frequently asked questions about the CFR can be found at: http://world.utexas.edu/isss/students/new/upload-faq.
- Be prepared to show this documentation to the United States consulate upon interviewing for your visa.
- Please note: ALL statements of support must be in English or accompanied by an official English translation.

GENERAL INFORMATION				
UTEID:	Email Address:			
Admission for Semester: Fall	☐ Spring ☐ Both Fall & Spring	Exchange Program Applied To: ☐ General ☐ BBA ☐ MBA ☐ Law		
List the UT Major you indicated on you	our on-line application:			
Indicate current level of studies or	occupation: 🚨 Bachelor or Undergradu	ate Master/Doctoral or Graduate Occupation		
DIOODADIIIOAL INFODMATION				
BIOGRAPHICAL INFORMATION				
NAME AS LISTED IN YOUR PASSI	PORT (Please provide a copy of your pass	port information page):		
(Family/Surname/Last Name)	(Given/First)	(Middle – if applicable)		
Gender: ☐ Male ☐ Female				
DATE OF BIRTH (Month/Day/Year):	City & Country of Birth:			
Country of Citizenship:	of Citizenship: Country of Residence:			
,				
Address where immigration docur	nents should be sent:			
Until what date is this address vali	id?			
Air mail cannot be tracked ar region. Students who choose		nding on mail service in the region of destination. Pricing for express courier service varies by ments mailed by regular U.S. air mail. Please note that for students in the MBA and BBA		
<u>DEPENDENT INFORMATION</u> List the following information for all d <i>child</i> .	ependents who need immigration docume	nts issued by ISSS. <i>Please note that a dependent is defined as <u>your</u> spouse or</i>		
☐ I DO NOT PLAN TO BRING ANY	DEPENDENTS WITH ME			
Name (Last, First)		Name (Last, First)		
Relationship		Relationship		
Date of Birth (mm/dd/vvvv)		Gender		
City & Country of Birth		City & Country of Birth		
Citizenship		Citizenship		

Email address _

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FINANCIAL INFORMATION

Applicant's Signature: _

The estimates below are for living expenses only. When computing your expenses, remember that you should not expect employment as a means of support. Tuition is paid directly to your home institution; however, all exchange students will be required to pay an ISSS student services fee as well as a health insurance fee to UT Austin. You should be prepared to pay \$900-\$1100 USD upon course registration.

All J-1 students and their dependents are required to have medical insurance through the duration of their stay. All international students are charged by The University of Texas at Austin for health insurance. Exchange students may not waive the health insurance requirement and fees.

Living expenses

Dependents, if applicable

TOTAL

Date:_

Please determine your estimated expenses: Program

	•	3.1.	(Add \$9000 or spouse and \$3800 for each child per year)	(please complete)
	Reciprocal Exchange Students	\$8,750 per semester / \$17,500 per year (tuition covered through exchange agreement)		
S	OURCE OF FINANCIAL SUPPORT			
	Personal and/or family savings (a bank officin part by personal or family savings).	cial's signature below or an attached ba	ank letter/bank statement is required if the	ne applicant will be supported in whole
	Government/Other Sponsor (print name of a	agency and attach signed copy of letter	certifying sponsorship):	
	Other (Specify and attach a signed certification	on):		
SI	PONSOR'S STATEMENT OF FINANCIAL SUI	PPORT		
I,		(name), guarantee th	at the sum amount of \$	USD will be available to the
	pove named student for the first academic year udent's program. I understand that this statem		•	available for the duration of the
Pa	arent/Sponsor's Signature:			Date:
R	elationship of Sponsor to Applicant:			
В	ANK'S OFFICIAL CERTIFICATION OF FUND	s		
Tł	nis is to certify that I have reviewed the financia	I information given by the applicant on	this form, that it is true and accurate, ar	d that the funds are available:
Ва	ank Official's Signature:			Date:
Ва	ank Official's Name and Title (PRINT):			
Na	ame and Address of Bank:			
[B	ank Seal]			
SL	I I understand that I – along with any accompanible to the requirements of the Affordable Canderstand that I may not waive out of the health	e Act (ACA). I can find more information	n at: http://world.utexas.edu/isss/studer	
	certify that the above information provided on the mediately notify ISSS. I understand that makin		- · · · · · · · · · · · · · · · · · · ·	