



**Immigration Information**

**If you are currently INSIDE the United States, please complete and submit the following:**

- 1. Current Visa Status: \_\_\_\_\_ Current Sponsor/School: \_\_\_\_\_
- 2. Date Current Visa Status Expires: (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 3. Please attach supporting documentation verifying current visa classification (e.g., Form I-20, Form DS-2019, etc.).

**If you are currently OUTSIDE the United States, please complete the following:**

- 1. Have you previously been inside the United States in F1 status? Yes  No
- 2. If yes, provide the dates of your program (including any post-completion optional practical training authorization) and attach a copy of your most recently issued Form I-20. From: (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**Dependent Information**

For each dependent who will accompany you to the U.S., please provide the following information. Use additional sheet if necessary. Please note that a dependent is defined as your spouse and/or any unmarried children under 21 years of age.

1. Gender:  Male  Female Relationship: \_\_\_\_\_  
Name: (Print the name EXACTLY as it appears in the passport.)  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City & Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

2. Gender:  Male  Female Relationship: \_\_\_\_\_  
Name: (Print the name EXACTLY as it appears in the passport.)  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City & Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

3. Gender:  Male  Female Relationship: \_\_\_\_\_  
Name: (Print the name EXACTLY as it appears in the passport.)  
Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City & Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

**The statements and information provided on this application are true and accurate to the best of my knowledge.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part II: Certification of Financial Resources

You must review the following instructions before completing and signing this form. Failure to properly complete the form and provide acceptable proof of financial support will result in delays in the processing of your visa document.

1. Review the cost estimates (below) and the estimated length of the degree program to which you are applying. **Be sure to include additional costs for any dependents who will accompany you to the U.S.**
2. Students who have been awarded **full financial support from the University of Pittsburgh** covering all estimated tuition/fees, health insurance, and living expenses (Teaching Assistantship, Graduate Student Researcher, etc.) **do not need to complete and submit Part II except to cover additional dependent expenses, if applicable.**
3. Complete the certification indicating the amount of support that will be provided for each year of the program. In addition, you must attach proof, such as a bank statement or letter, of immediately available liquid assets for the first 12 months of study. Real estate or other non-liquid assets such as automobiles, jewelry, or other personal property cannot be used to demonstrate financial support for the first 12 months but may be provided as evidence of support for subsequent years of study.
4. All proof of financial support must be original documents in English. Documentation must be issued within the last six months, and the date the document was issued must be clearly indicated.
5. Evidence of financial support must also be shown to the U.S. Consulate when applying for a visa. Therefore, **you will need to have two sets of financial support documents**—one to submit to the University of Pittsburgh and one for the U.S. Embassy or Consulate.
6. Students may provide proof of financial support from more than one sponsor. The attached form may be copied and provided to any additional sponsors.

### Graduate Cost of Attendance Figures for 2015-2016

The estimates below are based on actual costs for Academic Year 2014-15. For immigration purposes, providing evidence of financial support to meet the costs outlined below is sufficient; however, please note that **actual costs will likely increase for the 2015-2016 academic year**. Students should add **\$4,060 per year for each dependent** family member (spouse and/or unmarried children under the age of 21) who will accompany them to the U.S. The dependent estimate does not include health insurance.

School	Tuition & Fees*	12 Mo. Living	Insurance**	Total/Year
School of Arts & Sciences, School of Education, and Graduate School of Public & International Affairs	\$34,760	\$15,420	\$2,470	<b>\$52,650</b>
School of Social Work	\$28,848	\$15,420	\$2,470	<b>\$46,738</b>
Swanson School of Engineering	\$39,790	\$15,420	\$2,470	<b>\$57,680</b>
School of Law (MSL & JD)	\$39,100	\$15,420	\$2,470	<b>\$56,990</b>
School of Law (LLM)	\$36,080	\$15,420	\$2,470	<b>\$53,970</b>
School of Information Sciences	\$36,510	\$15,420	\$2,470	<b>\$54,400</b>
School of Dental Medicine (except as below)	\$55,692	\$15,420	\$2,470	<b>\$73,582</b>
School of Dental Medicine (MS, PhD in Oral Biology)	\$28,847	\$15,420	\$2,470	<b>\$46,737</b>
School of Dental Medicine (First Professional)	\$50,752	\$15,420	\$2,470	<b>\$68,642</b>
School of Nursing	\$28,848	\$15,420	\$2,470	<b>\$46,738</b>
School of Pharmacy (Graduate)	\$25,850	\$15,420	\$2,470	<b>\$43,740</b>
School of Pharmacy (First Professional)	\$33,700	\$15,420	\$2,470	<b>\$51,590</b>
Graduate School of Public Health	\$40,650	\$15,420	\$2,470	<b>\$58,540</b>
School of Medicine (Graduate)	\$37,856	\$15,420	\$2,470	<b>\$55,746</b>
School of Health and Rehabilitation Sciences (except as below)	\$40,650	\$15,420	\$2,470	<b>\$58,540</b>
School of Health & Rehabilitation Sciences (Communication Science and Disorders; Coordinated Master's in Nutrition and Dietetics; Occupational Therapy; Physician Assistant Studies; Prosthetics and Orthotics; Audiology; Speech Language-Pathology)	\$28,848	\$15,420	\$2,470	<b>\$46,738</b>
School of Health & Rehabilitation Sciences (MS PT)	\$ 55,747 (3 semesters)	\$15,420	\$2,470	<b>\$73,637</b>
School of Health & Rehabilitation Sciences (DPT)	\$43,925 (3 semesters)	\$15,420	\$2,470	<b>\$61,815</b>
Katz Business School Doctoral Program	\$38,156	\$15,420	\$2,470	<b>\$56,046</b>
Katz Business School MS Accounting	\$36,306	\$15,420	\$2,470	<b>\$54,196</b>

\*From <http://www.ir.pitt.edu/tuition/index.html>. Except as noted, figures above include tuition and mandatory fees for two semesters.

\*\*Health insurance is required for all full-time international students at the University of Pittsburgh.



The University of Pittsburgh  
Office of International Services

## Certification of Financial Resources

Note: This form may be copied if more than one individual will be contributing to your financial support.

Student's Name \_\_\_\_\_  
*Family Name* *Given Name* *Middle Name*

University of Pittsburgh Academic Program \_\_\_\_\_

Sponsor's Name \_\_\_\_\_  
*Family Name* *Given Name* *Middle Name*

Sponsor's Address (Number and Street): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship of Sponsor to Student: \_\_\_\_\_

### Certification of Financial Responsibility

Please complete the chart below for each year that you intend to provide financial support for this student. Funding for the first year must be in immediately available liquid assets. Funding for subsequent years can be documented through long-term investments or assets.

I certify that I will provide the following support for the student listed above to study at the University of Pittsburgh.

	Year One	Year Two	Year Three	Year Four	Year Five
1. Amount provided each year from annual salary/income. (Up to 25% of total income will be accepted for the purposes of this form.) You <b>MUST</b> attach documentation of salary/income.	_____	_____	_____	_____	_____
2. Amount provided from bank account(s). You <b>MUST</b> attach an official bank statement.	_____	_____	_____	_____	_____
3. Amount provided from other sources. You <b>MUST</b> identify source(s) and attach documentation.	_____	_____	_____	_____	_____
4. Total Available from All Sources:	_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date Signed