



For Undergraduate International Students Only: Estimated Expenses for the 2023-2024\* Academic Year

University Tuition & Fees (estimated \*\*) **OPTIONAL** \$20,469 \$ 1,120 **Books & Supplies** \$3,159 - \$5,527 Summer Tuition & Fees (approx.) for 3 - 6 credit hours Summer Room & Board (on-campus approx.) \$ 3,909 Health Insurance \$3,870 Room & Board (on-campus) Spouse and Child Maintenance \$11,610 \$5,500 Dependent Expense (per dependent) Miscellaneous Living Expenses \$ 3,770 \$40,878 (Amount may increase depending on number of credits taken and lifestyle.) **TOTAL:** 

NOTE: College of Business Administration (including accounting, economics, finance, management, and marketing) add an additional \$2,568

NOTE: College of Information Science & Technology Programs add an additional \$3,624

For more information on differential tuition: cashiering.unomaha.edu

| Name                                               |                                     |                                                                                                |                                                                                                                        |
|----------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
|                                                    | ast Name                            | Given/First Name                                                                               | Middle Initial (optional)                                                                                              |
| NUID Number                                        |                                     | Other names used                                                                               |                                                                                                                        |
| Email Address ——                                   |                                     |                                                                                                |                                                                                                                        |
| SOURCES OF                                         | SUPPORT All fields require          | d.                                                                                             |                                                                                                                        |
|                                                    | k Documents must be signed,         | - ,                                                                                            | nust submit original Bank documents including an ocuments must be current or within 6 months from                      |
| <u>First-Year Amount</u>                           | Personal Savings of                 | Students                                                                                       |                                                                                                                        |
| \$                                                 |                                     |                                                                                                |                                                                                                                        |
| Personal Savings Amount                            | Name of Your Bank                   | Loca                                                                                           | ation of Bank                                                                                                          |
|                                                    |                                     | amily members and others): All sponsors are requatements. Use additional copies as needed. Stu |                                                                                                                        |
| \$ Personal Sponsor 1 Amount                       | Sponsor #1Name                      |                                                                                                | Relationship to You                                                                                                    |
| reisonal sponsor i Amount                          |                                     |                                                                                                | Relationship to rou                                                                                                    |
| \$ Personal Sponsor 2 Amount                       | Sponsor #2<br>Name                  |                                                                                                | Relationship to You                                                                                                    |
| ·<br>\$                                            |                                     |                                                                                                | nization, university, employer, etc.) Attach current officion fic amount of support, and period of time covered by the |
| Sponsoring Organization<br>Amount                  | Name of Sponsorin                   | g Organization                                                                                 |                                                                                                                        |
| APPLICANT'S                                        | STATEMENT All fields r              | equired.                                                                                       |                                                                                                                        |
| I certify that I will have                         | a minimum of U.S. <b>\$40,878</b> * | * available to me for nine month academic year                                                 | at UNO.                                                                                                                |
| I am prepared to fund I<br>that have not materiali | • . •                               | basis of my present resources (certified on this o                                             | ccasion) without relying upon future potential sources                                                                 |
| Applicant's Signature                              |                                     |                                                                                                | Date                                                                                                                   |
| Parent Sianature (if under 19                      | vears of age)                       |                                                                                                | Date                                                                                                                   |

Office of International Admissions | 111 EAB, 6001 Dodge Street, Omaha NE 68182-0080 | 1.402.554.2293 | unointernational@unomaha.edu | admissions.unomaha.edu

<sup>\*</sup> This budget covers the 9-month academic year for a single student living on campus taking 24 credit hours (12 each semester). Students may anticipate an increase in the estimated cost each year. This does not include travel expenses to and from the U.S.

<sup>\*\*</sup> NOTE: College of Engineering Programs add an additional \$8,544





## **FINANCIAL AFFIDAVIT**

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List all dependents who will travel with you to the United States.

| Family Name | Given Name | Date of Birth | Country of Birth | Country of Citizenship | Spouse, Son, or Daughter |
|-------------|------------|---------------|------------------|------------------------|--------------------------|
|             |            |               |                  |                        |                          |
|             |            |               |                  |                        |                          |
|             |            |               |                  |                        |                          |

## Applicant: If you are receiving sponsored support, then all fields below must be filled out.

If your support is coming from your own personal funds, then it is not necessary to complete this section.

| ABOUT THE SPONSOR                                                                                                                           | SPONSO                       | SPONSOR'S CONTACT INFORMATION   |                               |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|-------------------------------|--|--|
| Full Name                                                                                                                                   | Email                        | EmailPhone (if in U.S.)         |                               |  |  |
| Relationship to Applicant                                                                                                                   | Phone (if in U.S.)           |                                 |                               |  |  |
| Country of Citizenship                                                                                                                      | Mailing Address              | Mailing Address                 |                               |  |  |
| If you are not a U.S. citizen and you have a U.S. address:  Visa Type:                                                                      |                              |                                 |                               |  |  |
| Are you a student? ☐ Yes ☐ No                                                                                                               | City                         | State/Providence                | Postal Code                   |  |  |
| CRONGORIO RANIK                                                                                                                             | Country                      |                                 |                               |  |  |
| SPONSOR'S BANK                                                                                                                              |                              |                                 | _                             |  |  |
| Name of Bank                                                                                                                                |                              |                                 |                               |  |  |
| Location of Bank                                                                                                                            |                              |                                 |                               |  |  |
| All financial documentation should be photocopied and original docu                                                                         | uments made available to the | student when arranging visc     | as at the American Consulate. |  |  |
| SPONSOR'S AFFIDAVIT                                                                                                                         |                              |                                 |                               |  |  |
| I hereby guarantee without reservation to maintain and support (stu                                                                         | dent's name — required)      |                                 | for                           |  |  |
| educational costs and living expenses while this student is enrolled in<br>who may not accept off-campus employment unless permission is gr |                              |                                 |                               |  |  |
| I hereby promise to provide (amount — required) U.S. \$to the student at the time of arrival to include housing costs, insurance            | •                            | dy. I will arrange to provide c | major portion of the money    |  |  |
| I certify that the information and guarantee provided on this page is                                                                       | accurate, complete, and true | 2.                              |                               |  |  |
| Any information given falsely or withheld will affect the decision on t                                                                     | he student's application and | may make the student ineligi    | ble for enrollment.           |  |  |
| I am attaching a current statement from my bank attesting to my fin                                                                         | nancial status.              |                                 |                               |  |  |
| Sponsor's Signature                                                                                                                         |                              | Date                            |                               |  |  |
| Applicant's Signature                                                                                                                       |                              |                                 |                               |  |  |

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