INTENSIVE ENGLISH PROGRAM (IEP) FINANCIAL AFFIDAVIT

For IEP Students Only: Estimated Expenses for the 2026- 2027* AcademicYear

2026-27 ESTIMATED EXPENSES – 16 WEEKS (1 SEMESTER)**

$7,470	Tuition
$ 965	Fees
$1,920	Health Insurance
$ 400	Books and Supplies
$6,774	Room and Board
$2,120	Personal Expenses***
TOTAL:	$19,649****

* This budget covers a 16 week period for a single student living on campus enrolled in IEP full-time (18 hours per semester). Students may anticipate an increase in the estimated cost each year. This does not include travel expenses to and from the U.S.

** All figures are estimate and subject to change without notice. This estimate of expenses does not include transportation to and from Omaha.

*** Actual personal expenses will vary based on lifestyle. Personal expenses DO NOT include money for cultural activities and/or souvenirs.

**** When a spouse and/or children are accompanying the student to the United States, students are required to demonstrate additional support: $2,750 for the each dependent. This needs to be added to the estimated total listed above.

THIS SECTION TO BE COMPLETED BY THE APPLICANT *All fields required.*

Name _____
Family/Last Name | Given/First Name | Middle Initial (optional)

NUID Number _____ Other names used _____

Date of Birth _____ Email Address _____

SOURCES OF SUPPORT *All fields required.*

Current documentation from each source must be provided. Students and /or their sponsors must submit original Bank documents including an English translation. Bank Documents must be signed, stamped, and dated by a bank official. Bank Documents must be current or within 6 months from the date they are issued.

First-Year Amount

Personal Savings

$ _____ Personal Savings Amount
_____ Name of Your Bank
_____ Location of Bank

Personal Sponsors (family members and others): All sponsors are required to complete Part 2 of this form and provide current bank statements. Use additional copies as needed. Students in the U.S. may not act as sponsors.

$ _____ Personal Sponsor 1 Amount
Sponsor #1 _____ Name
_____ Relationship to You

$ _____ Personal Sponsor 2 Amount
Sponsor #2 _____ Name
_____ Relationship to You

Sponsoring Organization (home government, international organization, university, employer, etc.) Attach current official letter of award addressed to UNO, which includes terms of support, specific amount of support, and period of time covered by the grant.

$ _____ Sponsoring Organization Amount
_____ Name of Sponsoring Organization

APPLICANT'S STATEMENT *All fields required.*

I certify that I will have a minimum of **U.S.$19,649** available to me for each 16-week period I study in IEP.

I am prepared to pay for my program of study using currently available funds. I will not rely on any future or potential funding because it is uncertain.

_____ Applicant's Signature
_____ Date

_____ Parent Signature (if under 19 years 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

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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

Full Name _____

Relationship to Applicant _____

Country of Citizenship _____

If you are not a U.S. citizen and you have a U.S.

address:

Visa Type: _____

Is your sponsor an F1 student? ☐ Yes ☐ No

SPONSOR'S CONTACT INFORMATION

Email _____

Phone (if in U.S.) _____

Mailing Address

_____

_____

_____

City State/Providence Postal Code

_____

Country

SPONSOR'S BANK

Name of Bank _____

Location of Bank _____

All financial documentation should be photocopied and original documents made available to the student when arranging visas at the American Consulate.

SPONSOR'S AFFIDAVIT

I hereby guarantee without reservation to maintain and support (*student's name — required*) _____ for educational costs and living expenses while this student is enrolled in IEP. I understand that the applicant, if accepted to IEP, will be a full-time student who may not accept off-campus employment unless permission is granted. This permission is hard to obtain and must not be assumed to be available. I hereby promise to provide (*amount — required*) U.S. $ _____ for the first year of study. I will arrange to provide a major portion a major portion of the money to the student at the time of arrival to include housing costs, insurance, books, and tuition.

I certify that the information and guarantee provided on this page is accurate, complete, and true.
Any information given falsely or withheld will affect the decision on the student's application and may make the student ineligible for enrollment.

I am attaching a current statement from my bank attesting to my financial status.

_____ _____
Sponsor's Signature Date

_____ _____
Applicant's Signature Date

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