

UNIVERSITY OF
CENTRAL MISSOURI
— GRADUATE AND —
INTERNATIONAL STUDENT SERVICES

Ward Edwards 1800 · Warrensburg, MO 64093 · Phone: 660.543.4092 · Fax: 660.543.4778 · giss@ucmo.edu

**Declaration of Financial Support
University of Central Missouri**

I, _____, will be providing
Sponsor's Printed Name

_____ with full financial support during his/her study
Student's Printed Name
at the University of Central Missouri.

I understand that the cost per academic year of attending the University of Central Missouri is approximately (In US Dollars):

Undergraduate Students

Professional Pilot ASEL Track - \$40,795.00, AMEL Track – \$43,028.00

All other majors - \$25,013.00

Graduate Students

Big Data Analytics and Info Tech., CIS and IT, Computer Science and Cybersecurity - \$18,547.00

Ethical Strategic Leadership - \$20,124.00

MBA Concentrations in Data Analytics and Healthcare Admin. - \$18,984.00.00

Speech Language Pathology - \$23,870.00

All other majors - \$22,520.00

IEP (English Classes) to Degree (While taking IEP Classes) - \$25,013.00

THRIVE Program - \$23,410.50

Dependents (F2/J2 visa) - Additional \$4,000 per dependent

I herewith declare that I have adequate funds available to provide the financial support necessary for the above-named student's educational program.

To verify that adequate funds are available, I will also provide a copy of an official bank statement/certification along with this declaration for your review.

Sponsor's Signature

Sponsor's Relationship to Student

Date