

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](mailto:giss@ucmo.edu)

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

I, \_\_\_\_\_, will be providing  
**Sponsor's Printed Name**

\_\_\_\_\_ with 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 - **\$42,112**

All other majors - **\$23,512**

**Graduate Students**

MIC Programs: Big Data Analytics and Info Tech., CIS and IT, Computer Science and Cybersecurity - **\$19,622**

MBA - **\$21,175**

Speech Language Pathology - **\$25,170**

All other majors main campus - **\$23,820**, MIC campus - **\$19,057**

**IEP (English Classes) to Degree** (While taking IEP Classes) - **\$23,362**

**ELIPS English Pathway Program** (While taking both IEP and academic) - **\$23,512**

**THRIVE Program** - **\$24,373**

**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