

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

Declaration of Financial Support University of Central Missouri

I,	, will be providing
Sponsor's Printed Name	
	6-11 6
Student's Printed Name	full financial support during his/her study
at the University of Central Missouri.	
,	
I understand that the cost per academic year of attendir	ng the University of Central Missouri is
approximately (In US Dollars):	
Undergraduate Students	
Professional Pilot ASEL Track - \$38,882.00, AMEL T	rack - \$41,115.00
All other majors - \$23,100.00	
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Graduate Students	
Big Data Analytics and Info Tech., CIS and IT, Compu	iter Science and Cybersecurity - \$19,127.00
MBA - \$20,763.00 Speech Language Pathology - \$24,631.00	
All other majors main campus - \$23,281.00, MIC camp	ous - \$18.581.00
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IEP (English Classes) to Degree (While taking IEP Classes) - \$22,950.00	
ELIPS English Pathway Program (While taking both IEP and academic) - \$23,100.00	
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THRIVE Program - \$23,607.00	
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Dependents (F2/J2 visa) - Additional \$4,000 per depe	ndent
I have with dealers that I have adequate funds available	to provide the finencial support necessary
I herewith declare that I have adequate funds available to provide the financial support necessary for the above-named student's educational program.	
for the above-hamed student's educational program.	
To verify that adequate funds are available, I will also	provide a conv of an official bank statement/
certification along with this declaration for your review.	
continuation along with this acctuated for your review	
Sponsor's Signature	
Sponsor's Relationship to Student	
Date	