

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

Sponsor's Printed Name

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

\_\_\_\_\_, will be providing

| 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<br>Professional Pilot ASEL Track - \$38,910.00, AMEL Track – \$41,143.00<br>All other majors - \$23,128.00  |
| Graduate Students Big Data Analytics and Info Tech., CIS and IT, Computer Science and Cybersecurity - \$19,155.00 MBA - \$20,791.00 Speech Language Pathology - \$24,659.00 All other majors main campus - \$23,309.00, MIC campus - \$18,609.00 |
| IEP (English Classes) to Degree (While taking IEP Classes) - \$22,978.00   |
| ELIPS English Pathway Program (While taking both IEP and academic) - \$23,128.00   |
| THRIVE Program - \$23,635.00   |
| 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   |