## **University of Wisconsin-Stevens Point**

## **Financial Support Statement for International Graduate Program Applicants**

Estimated expenses for twelve (12) months of study during the 2023-2024 academic year at the University of Wisconsin-Stevens Point Doctorate of Physical Therapy program are as follows (in USD):				
Tuition and fees(approximate)	19,407.00	PLEASE NOTE: This is a relatively conservative budget for a		
Campus Housing	4,222.00	student who spends wisely and is willing to share on campu living quarters with another student. While some students may need less money, many students find that they spend		
Campus Meal Service	3,090.00			
Int'l Student medical insurance	1,639.00	more than this amount. This estimate does not include the cost of international travel or keeping an automobile.		
Total	\$28,358.00	*Insurance premium for one calendar year: August 5, 2023 – August 4, 2024		
		Expenses may vary from estimates. Official tuition rates are set in August.		

Name of Applicant:			
	Family Name	Given Name	Middle Name (if applicable)

Semester you plan to	Fall (September)	Spring (January)	Year 20
enter			

## **Choose ONE:**

I will be self-supporting.	I will be sponsored by one or	I will be
(Please submit original bank statement*	more individuals. (Please have	governmentsponsored.
showing available funds of at least	sponsor(s) complete form(s) and submit	(Please submit official documentation
\$28,358)	bank statements* totaling at least \$28,358)	verifying government support)

\*An original bank statement is one on bank letterhead, with an official seal. We will accept faxed documents only if faxed directly from your bank or the sponsor's bank. Your application for admission will not be considered unless both statements below are completed and supported by the requested official documentation.

## SPONSOR'S STATEMENT

I, \_\_\_\_\_\_, certify that I have read and understand the above financial support statement. I further certify that I have the financial resources to cover the expenses of the student,

\_\_\_\_\_\_, in the amount of \$ \_\_\_\_\_\_ per year in addition for travel expenses for a round trip from the student's home to the University of Wisconsin-Stevens Point for each calendar year while this individual is in the United States. An original bank statement on bank letterhead reflecting a balance of at least this amount in U.S. currency is attached. I understand that the inclusion of any false information concerning financial support will be considered grounds for the student's dismissal from the University of Wisconsin-Stevens Point.

Sponsor's Printed	Sponsor's Signature	
Name		
Date	Relationship to	
	Student	
******	**********	*****
	APPLICANT'S STATEMENT	

I certify that all statements on this form are true and accurate, and that funds will be provided as specified above. I will notify the University of Wisconsin-Stevens Point of any changes in my financial circumstances or those of my sponsor. I understand that failure on my part or that of my sponsor to provide the needed funds regardless of prior admission and registration will result in the cancellation of my registration and my termination from the undergraduate program at the University of Wisconsin-Stevens Point.

Student Signature \_\_\_\_\_