



International Graduate Student Supplemental Form 2014-2015

The Office of International Services (OIS) has prepared this form to facilitate the issuance of student visa documents (Form I-20 or DS-2019) to international graduate students. There are two parts to the form.

PART I: The first part is biographical information that is required of all students classified as international (non-immigrant) students. The information in Part I of the form is required to be submitted with your acceptance of the offer of admission.

PART II: The second part of the form is the Certification of Financial Resources. This part of the form must be completed and submitted together with original financial documents, such as a bank statement, before your file can be processed for a student visa document.

To ensure the process goes smoothly and is completed in a timely manner, it is important that you read and follow the instructions on this form carefully and provide all requested information. This will avoid delays in the processing of your file and the issuance of visa documents once your file is submitted to OIS. For additional information, please visit www.ois.pitt.edu or email oisnew@pitt.edu.

Part I: Biographical Information

Biographical Information

Name: (Print your name EXACTLY as it appears in your passport and provide a copy of your passport identification page.)

<i>Family Name</i>	<i>Given Name</i>	<i>Middle Name</i>
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Gender: Male Female Marital Status: Married Single Date of Birth (*mm/dd/yyyy*) _____ / _____ / _____

Academic program to which you have been admitted: _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Position/Occupation in Home Country: _____
(*e.g., student, professor, etc.*)

Address in Home Country (must be an address outside the United States):

Street Address _____

City, State/Province _____

Country and Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Address to Which Visa Documents Should Be Sent (if different from home country address):

Street Address _____

City, State/Province _____

Country and Postal Code _____

Telephone _____ Fax _____ E-Mail _____

If the above is a temporary address, indicate the last date you can receive mail at this address: (*mm/dd/yyyy*) _____ / _____ / _____

Immigration Information

If you are currently INSIDE the United States, please complete and submit the following:

1. Current Visa Status: _____ Current Sponsor/School: _____
2. Date Current Visa Status Expires: (mm/dd/yyyy) _____ / _____ / _____
3. Please attach supporting documentation verifying current visa classification (e.g., Form I-20, Form DS-2019, etc.).

If you are currently OUTSIDE the United States, please complete the following:

1. Have you previously been inside the United States in F1 status? Yes No
2. If yes, provide the dates of your program (including any post-completion optional practical training authorization) and attach a copy of your most recently issued Form I-20. From: (mm/dd/yyyy): _____ / _____ / _____ to (mm/dd/yyyy): _____ / _____ / _____.

Dependent Information

For each dependent who will accompany you to the U.S., please provide the following information. Use additional sheet if necessary. Please note that a dependent is defined as your spouse and/or any unmarried children under 21 years of age.

1. Gender: Male Female Relationship: _____
Name: (Print the name EXACTLY as it appears in the passport.)
Family Name _____ Given Name _____ Middle Name _____
Date of Birth (mm/dd/yyyy) _____ / _____ / _____ City & Country of Birth: _____
Country of Citizenship: _____ Country of Residence: _____

2. Gender: Male Female Relationship: _____
Name: (Print the name EXACTLY as it appears in the passport.)
Family Name _____ Given Name _____ Middle Name _____
Date of Birth (mm/dd/yyyy) _____ / _____ / _____ City & Country of Birth: _____
Country of Citizenship: _____ Country of Residence: _____

3. Gender: Male Female Relationship: _____
Name: (Print the name EXACTLY as it appears in the passport.)
Family Name _____ Given Name _____ Middle Name _____
Date of Birth (mm/dd/yyyy) _____ / _____ / _____ City & Country of Birth: _____
Country of Citizenship: _____ Country of Residence: _____

The statements and information provided on this application are true and accurate to the best of my knowledge.

Student Signature _____ Date _____

Part II: Certification of Financial Resources

You must review the following instructions before completing and signing this form. Failure to properly complete the form and provide acceptable proof of financial support will result in delays in the processing of your visa document.

1. Review the cost estimates (below) and the estimated length of the degree program to which you are applying. **Be sure to include additional costs for any dependents who will accompany you to the U.S.**
2. Students who have been awarded **full financial support from the University of Pittsburgh** covering all estimated tuition/fees, health insurance, and living expenses (Teaching Assistantship, Graduate Student Researcher, etc.) **do not need to complete and submit Part II except to cover additional dependent expenses, if applicable.**
3. Complete the certification indicating the amount of support that will be provided for each year of the program. In addition, you must attach proof, such as a bank statement or letter, of immediately available liquid assets for the first 12 months of study. Real estate or other non-liquid assets such as automobiles, jewelry, or other personal property cannot be used to demonstrate financial support for the first 12 months but may be provided as evidence of support for subsequent years of study.
4. All proof of financial support must be original documents in English. Documentation must be issued within the last six months, and the date the document was issued must be clearly indicated.
5. Evidence of financial support must also be shown to the U.S. Consulate when applying for a visa. Therefore, **you will need to have two sets of financial support documents**—one to submit to the University of Pittsburgh and one for the U.S. Embassy or Consulate.
6. Students may provide proof of financial support from more than one sponsor. The attached form may be copied and provided to any additional sponsors.

Graduate Cost of Attendance Figures for 2014-2015

The estimates below are based on actual costs for Academic Year 2013-14. For immigration purposes, providing evidence of financial support to meet the costs outlined below is sufficient; however, please note that **actual costs will likely increase for the 2014-2015 academic year**. Students should add **\$4,020 per year for each dependent** family member (spouse and/or unmarried children under the age of 21) who will accompany them to the U.S. The dependent estimate does not include health insurance.

School	Tuition & Fees*	12 Mo. Living	Insurance**	Total/Year
School of Arts & Sciences, School of Education, and Graduate School of Public & International Affairs	\$33,426	\$15,580	\$2,148	\$51,154
School of Social Work	\$27,736	\$15,580	\$2,148	\$45,464
Swanson School of Engineering	\$38,268	\$15,580	\$2,148	\$55,996
School of Law (MSL & JD)	\$37,604	\$15,580	\$2,148	\$55,332
School of Law (LLM)	\$35,420	\$15,580	\$2,148	\$53,148
School of Information Sciences	\$35,110	\$15,580	\$2,148	\$52,838
School of Dental Medicine (except as below)	\$53,572	\$15,580	\$2,148	\$71,300
School of Dental Medicine (MS, PhD in Oral Biology)	\$27,737	\$15,580	\$2,148	\$45,465
School of Dental Medicine (First Professional)	\$48,818	\$15,580	\$2,148	\$66,546
School of Nursing	\$27,736	\$15,580	\$2,148	\$45,464
School of Pharmacy (Graduate)	\$24,850	\$15,580	\$2,148	\$42,578
School of Pharmacy (First Professional)	\$31,610	\$15,580	\$2,148	\$49,338
Graduate School of Public Health	\$39,096	\$15,580	\$2,148	\$56,824
School of Medicine (Graduate)	\$36,406	\$15,580	\$2,148	\$54,134
School of Health and Rehabilitation Sciences (except as below)	\$39,096	\$15,580	\$2,148	\$56,824
School of Health & Rehabilitation Sciences (MOT, CSD MA/MS, AuD, Rehabilitation Counseling MS, Prosthetics and Orthotics MS, and CMD MS)	\$27,736	\$15,580	\$2,148	\$45,464
School of Health & Rehabilitation Sciences (MS PT)	\$ 53,650 (3 semesters)	\$15,580	\$2,148	\$71,378
School of Health & Rehabilitation Sciences (DPT)	\$41,409 (3 semesters)	\$15,580	\$2,148	\$59,137
Katz Business School Doctoral Program	\$36,694	\$15,580	\$2,148	\$54,422
Katz Business School MS Accounting	\$34,914	\$15,580	\$2,148	\$52,642

*From <http://www.ir.pitt.edu/tuition/index.html>. Except as noted, figures above include tuition and mandatory fees for two semesters.

**Health insurance is required for all full-time international students at the University of Pittsburgh.



The University of Pittsburgh
Office of International Services _____

Certification of Financial Resources

Note: This form may be copied if more than one individual will be contributing to your financial support.

Student's Name _____
Family Name
Given Name
Middle Name

University of Pittsburgh Academic Program _____

Sponsor's Name _____
Family Name
Given Name
Middle Name

Sponsor's Address (Number and Street): _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Phone: _____ E-Mail: _____

Relationship of Sponsor to Student: _____

Certification of Financial Responsibility

Please complete the chart below for each year that you intend to provide financial support for this student. Funding for the first year must be in immediately available liquid assets. Funding for subsequent years can be documented through long-term investments or assets.

I certify that I will provide the following support for _the student listed above to study at the University of Pittsburgh.

	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>	<u>Year Four</u>	<u>Year Five</u>
1. Amount provided each year from annual salary/income. You MUST attach documentation of salary/income.	_____	_____	_____	_____	_____
2. Amount provided from bank account(s). You MUST attach an official bank statement.	_____	_____	_____	_____	_____
3. Amount provided from other sources. You MUST identify source(s) and attach documentation.	_____	_____	_____	_____	_____
4. Total Available from All Sources:	_____	_____	_____	_____	_____

Signature of Sponsor

Date Signed