University of Houston Clear Lake

International Admissions and Programs

Affidavit of Support

I, _____, _____ of _____, _____

Print name of sponsor | Relationship to student | Student's name | UHCL ID#

hereby solemnly promise and declare that I undertake to maintain the costs associated with the above-named student during his/her stay in the United States of America and eventual return to his/her home country.

Academic year 2022 - 2023		
Academic Program starts in	Fall and Spring	Summer
Undergraduate*	$42,011	$51,494
Undergraduate in Healthcare Administration & Undergraduate in Healthcare Services*	$48,429	$59,913
Graduate**	$35,212	$48,016
Graduate Healthcare Administration	$41,631	$56,438

For each additional dependent (spouse or children), add $5,000.

*Estimate based on the living cost and enrollment in 24 credit hours per academic year. For those beginning their program in summer, estimate based on the additional cost of living.

** Estimate based on the living cost and enrollment in nine credit hours per fall and spring semester. For those beginning their program in summer, estimate based on the cost of living and six additional credit hours.

I recognize that it is possible that the student will incur additional costs according to his/her standard of living. These estimates are subject to change without notification.

I have attached an original bank statement issued within the last six months indicating the funding for the first year of the student's study, as listed above in support of this affidavit.

_____ _____

Print sponsor's name | Sponsor's signature

_____ _____

Sponsor's address | Sponsor's country

Revised July 2023