

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 2024-2025		
Academic Program starts in	Fall and Spring	Summer
Undergraduate*	\$45,600	\$55,900
Undergraduate in Healthcare Administration & Undergraduate in Healthcare Services*	\$49,200	\$60,500
Graduate**	\$38,300	\$51,900
Graduate Healthcare Administration	\$41,900	\$56,700

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 and six additional credits.

** 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 and program specific fees. 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