



**University of Mobile Graduate Athlete Affidavit of Financial Support Alternative Master of Art in Education**

University of Mobile, 5735 College Parkway, Mobile, Alabama 36613-2842  
Telephone (251)442-2252

This form **must** be submitted as part of the application for admission for all international students and before an I-20 can be issued.

**ESTIMATED 2018-2019 EXPENSES**

Figures below are based on two semesters per academic year. Transportation for holidays and vacation is not included. This affidavit must be completed by all international students and must reflect ability to pay all expenses and costs not covered by scholarships. The international student cost estimator is used to calculate your *estimated* annual expenses. This figure will be used in Section III of this form.

*\*\*This amount is subject to change without notice\*\**

Graduate Expenses	Graduate Cost
Tuition	\$ 460 per hour \$ 5,520
Fees	\$ 320
Living Expense	\$ 8,700 - \$ 9,000 (add \$ 4500 for spouse and \$ 1500 for each additional dependent)
Books and supplies	\$ 1,200
Insurance	\$ 1,400
<b>TOTAL</b>	<b>\$ 17,140 - \$ 17,440</b>

**Section II**

TO BE COMPLETED BY THE STUDENT

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name of Sponsor (required):  
\_\_\_\_\_

First Name \_\_\_\_\_ Last Name (Surname) \_\_\_\_\_

Address of Sponsor:  
\_\_\_\_\_  
\_\_\_\_\_

**Section III**

TO BE COMPLETED BY THE SPONSOR

This is to certify that I am willing and able to maintain and support the above named student during his/her stay at the University of Mobile for the estimated annual amount of \$ \_\_\_\_\_ U.S.

My relationship with the student is:  
(Circle One) Family Friend Other: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*Please include a copy of your most recent bank statement from the Financial Institution below**

**Section IV**

TO BE COMPLETED BY UNIVERSITY OF MOBILE FINANCIAL AID ADMINISTRATOR

The above named student has been awarded a scholarship in the amount of \$ \_\_\_\_\_ U.S. annually. This scholarship is valid for the academic year of 2018-2019, and may be changed at the end of the term.

Signature of Financial Aid Administrator \_\_\_\_\_ Date \_\_\_\_\_

**Section V**

TO BE COMPLETED BY FINANCIAL INSTITUTION

This is to certify that \_\_\_\_\_ whose name appears on this form as sponsor (above) has adequate funds to meet the annual expenses of \_\_\_\_\_ (Student's Name)

Signature of Bank Official \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title of Official \_\_\_\_\_

Name and Address of Financial Institution \_\_\_\_\_

**\*Affix Seal or Stamp of Financial Institution**