

# **Request for GRADUATES**

| This request is for:      | visa application             |                 |  | dependent(s) [      | change of statu     |                               |
|---------------------------|------------------------------|-----------------|--|---------------------|---------------------|-------------------------------|
|                           | program extension            | n               | travel   |                     | Other:              |                               |
| Name:                     |                              |                 |  |                     | _                   |                               |
| Las                       | t/Family                     |                 | First  |                     |                     | Middle                        |
| Student ID #:             | Male 🗌                       | Female          | Date of B  | Birth:              |                     |                               |
|                           |                              |                 |  |                     | Month/Day/Year      |                               |
| Local (U.S.) Address:     |                              |                 |  |                     |                     |                               |
|                           |                              |                 | City   |                     | State               | Zip Code                      |
| Foreign Address:          | Street A                     |                 |  |                     |                     | City                          |
|                           | Street A                     | laaress         |  |                     |                     | City                          |
| State/F                   | Province                     | Co              | ountry   |                     | Postal Code         |                               |
| Phone Numbers: Cell/      | Mobile:                      |                 |  | Work/Dept.:         |                     |                               |
|                           |                              |                 |  |                     |                     |                               |
| Country of Citizenship: _ | Cour                         | itry of Birth:  |  | SEVIS Number:       | N                   | _                             |
|                           |                              |                 |  |                     |                     |                               |
| Are you currently doing   | Practical Training? Yes      | No              | Expirat  | tion Date:          |                     |                               |
|                           |                              |                 | <b>- -</b> |                     |                     | _                             |
|                           | SOUI                         | RCES AND AMO    | UNT OF FINA  | ANCIAL SUPPOR       | Т:                  |                               |
| Personal funds of the stu | ıdent                        |                 |  |                     |                     | .\$                           |
| Family funds from abroa   | d or in the United States    | •••••           |  |                     |                     | .\$                           |
| Departmental Support/G    | Grant/Fellowship             | •••••           |  |                     |                     | .\$                           |
|                           |                              |                 |  |                     | · —                 |                               |
| Please attach documenta   | ition to verify your financi | al support. Se  | e financial e  | ligibility require  | ments for further i | nformation.                   |
| Dependent Information     | ı (if applicable)            |                 |  |                     |                     |                               |
|                           | d(ren) accompany you on      | your re–entry i | nto the U.S.,  | or if the I-20 is f | or their independe  | nt travel, list the following |
| LAST NAME                 | FIRST NAME                   | DATE OF         | BIRTH  | CITY/COUNTR         | Y COUNTRY C         | )F                            |
| _                         |                              |                 |  | OF BIRTH            | CITIZENSHII         |                               |
| 1                         |                              |                 |  |                     |                     | Spouse                        |
|                           |                              |                 |  |                     |                     |                               |
| 2                         |                              |                 |  |                     |                     | Child                         |
|                           |                              |                 |  |                     |                     |                               |
| 3                         |                              |                 |  |                     |                     | Child                         |
|                           |                              |                 |  |                     |                     |                               |
| CERTIFY THAT ALL THE I    | NFORMATION ON THIS FO        | RM IS TRUE AN   | ID CORRECT.  | •                   |                     |                               |
|                           |                              |                 |  |                     |                     |                               |
|                           | Signature                    |                 |  | · -                 | Date                |                               |

900 University Ave, Surge 321, Riverside, CA 92521

Phone: 951.827.4113 Fax: 951.827.3778 Email: internationalcenter@ucr.edu

## **Graduate Financial Eligibility Requirements**

#### You need to request a new COE (I-20 or DS-2019) when:

- 1. You have lost your COE (1-20/DS-2019)
- 2. Your major or program level changes
- 3. You need a dependent COE (1-20/DS-2019)
- 4. Your COE is expiring soon and you need a program extension
- 5. Your financial support has changed significantly

If you require a new COE, be aware that under normal circumstances, <u>IT WILL TAKE ONE WORK WEEK TO PREPARE</u>. Please read and complete the requested information very carefully. We ask that you print as neatly as possible since handwriting is sometimes difficult to read. Incomplete information will delay the preparation of your form. According to our estimates, minimum expenses for the year are listed below. Please refer to these figures when completing the "Sources And Amount Of Financial Support" section. The figures below include tuition, fees, health insurance, cost for books, and living expenses for nine months. You must attach documentation that verifies your source(s) of financial support. If you have a sponsor, your sponsor must sign a Confidential Financial Statement.

### Academic Year (9 months)

|                                 | Non-AGSM<br>Program | MBA Program<br>(36 Mo.) | Flex MBA<br>Program<br>(24 Mo.) | MPP Program<br>(12 Mo.) | MPAc Program<br>(12 Mo.) | MFIN Program<br>(12 Mo.) | Advanced to<br>Candidacy |
|---------------------------------|---------------------|-------------------------|---------------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| Tuition, Fees, Health Insurance | \$31,768            | \$52,902                | \$50,650                        | \$37,720                | \$56,326                 | \$61,366                 | \$16,666                 |
| Living Expenses                 | \$15,044            | \$15,044                | \$15,044                        | \$15,044                | \$15,044                 | \$15,044                 | \$15,044                 |
| Total for single student        | \$46,812            | \$67,946                | \$65,694                        | \$57,764                | \$71,370                 | \$76,410                 | \$31,710                 |
|                                 |                     |                         |                                 |                         |                          | <u> </u>                 |                          |
| If you have a spouse with you:  | \$3,500             | \$3,500                 | \$3,500                         | \$3,500                 | \$3,500                  | \$3,500                  | \$3,500                  |
| If you have a child with you:   | \$3,000             | \$3,000                 | \$3,000                         | \$3,000                 | \$3,000                  | \$3,000                  | \$3,000                  |
| Total w/spouse                  | \$50,312            | \$71,446                | \$69,194                        | \$61,264                | \$74,870                 | \$79,910                 | \$35,210                 |

\$72,194

\$64,264

\$77,870

\$82,910

\$38,210

\$74,446

\$53,312

## Per Quarter (3 months)

spouse+1 child\*

Total w/spouse

spouse+1 child\*\*\*

|                                  | All Non-<br>AGSM<br>Graduate<br>Programs | MBA<br>Program | Flex MBA<br>Program | MPP<br>Program | MPAc<br>Program | MFIN<br>Program | Advanced<br>to<br>Candidacy | On Filing<br>Fee | Summer Fees<br>Only | In<br>Absentia<br>Registrati<br>on w/NRT<br>(MBA add<br>Prof. Fee<br>\$23,991) | In Absentia<br>Reg.<br>Candidate<br>(MBA add<br>Prof. Fee<br>\$23,991) |
|----------------------------------|--|----------------|---------------------|----------------|-----------------|-----------------|-----------------------------|------------------|---------------------|--|--|
| Tuition, Fees,                   |  |                |                     |                |                 |                 |                             |                  |                     |  |  |
| Health                           | 4  |                | 4                   |                |                 |                 |                             | 4                | \$689 (1)           |  | 4  |
| Insurance                        | \$10,589                                 | \$17,634       | \$16,883            | \$12,573       | \$18,775        | \$20,455        | \$5,555                     | \$1,297          | \$1,712 (4)         | \$6,728  | \$1,694  |
| Living Expenses                  | \$5,015                                  | \$5,015        | \$5,015             | \$5,015        | \$5,015         | \$5,015         | \$5,015                     | \$5,015          | \$5,015             | \$5,015  | \$5,015  |
| Total for single student         | \$15,604                                 | \$22,649       | \$21,898            | \$17,588       | \$23,790        | \$25,470        | \$10,570                    | \$6,312          | \$5,704<br>\$6,727  | \$11,743   | \$6,709  |
|                                  | •  | •              | •                   | •              | •               | •               | •                           |                  |                     | •  |  |
| If you have a spouse with        |  |                |                     |                |                 |                 |                             |                  |                     |  |  |
| you:                             | \$1,167                                  | \$1,167        | \$1,167             | \$1,167        | \$1,167         | \$1,167         | \$1,167                     | \$1,167          | \$1,167             | \$1,167  | \$1,167  |
| If you have a<br>child with you: | \$1.000                                  | \$1,000        | \$1.000             | \$1.000        | \$1.000         | \$1.000         | \$1.000                     | \$1.000          | \$1.000             | \$1.000  | \$1.000  |

\$26,637

\$27,637

\$24,957

\$25,957

\$11,737

\$12,737

\$7,479

\$8,479

900 University Ave, Surge 321, Riverside, CA 92521

\$23,065

\$24,065

\$23,816

\$24,816

\$16,771

\$17,771

2016.06

\$6,871/7,871

\$7,894/8,894

\$22,169

\$23,169

\$22,169

\$23,169

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\$18,755

\$19,755

<sup>\*</sup>For each additional child add \$3,000 to the total amount.