

**FINANCIAL STATEMENT  
FOR INTERNATIONAL APPLICANTS**

STUDENT'S LEGAL NAME \_\_\_\_\_  
(as indicated in passport) Last (Family) Name First Name Middle Name

Complete the entire form and submit to the School of Medicine Admissions office along with *supporting documentation (including official translation to English, if applicable)*, such as letters of award, sponsorship, and/or personal bank statements. Type or print neatly in dark ink.

A. <u>DOCUMENTED SOURCES OF FUNDS FOR 48 MONTHS</u>	B. <u>INSTRUCTIONS</u> <b>PLEASE READ CAREFULLY</b>	C. <u>AMOUNT OF SUPPORT FOR 48 MONTHS IN U.S. DOLLARS</u>	
<b>1. PERSONAL SAVINGS</b>  Name of Bank _____	<p><b>Original</b> documentation of personal funds (cash assets) must accompany this form. <b>Photocopies will not be accepted.</b> Documentation must be recent (dated within the past six months). Time deposits used as documentation of funds must indicate a maturity date before the beginning of your enrollment at UC Davis.</p> <p>Your bank (or parent's, relative's, or sponsor's bank) must certify that funds are available by providing an official statement <u>or</u> completing <b>Section A</b> of this form (below). If Section A is completed, it must include the bank's seal or stamp.</p> <p>If you have a personal sponsor who will provide financial support, this person's <b>original (not faxed)</b> signature <b>MUST</b> be included in Box A #2. This person must also indicate in Box C #2 the amount (in U.S. dollars) that they will provide to you during the 48 months of your academic program.</p>		
<b>2. PARENT, RELATIVE, PERSONAL SPONSOR</b>  Name _____ Relationship to Student _____ Address _____  This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.  Signature of Sponsor _____ Date _____			
<b>3. YOUR GOVERNMENT OR OTHER SPONSORING AGENCY</b>  Name of Agency _____		Enclose a certified copy of your letter of award. The letter must be written on the official letterhead or stationery of the awarding department, office or agency. Copies of e-mail correspondence are not valid documentation of financial support. (Photocopies of UC Davis award letters will be accepted.)	
<b>4. UC DAVIS</b>  Type of Award/Assistantship _____ Name of office/academic department offering award/assistantship: _____			
<b>5. TOTAL: Must be no less than the minimum</b> specified in the Financial Fact Sheet or Admission Letter Supplement (\$237,584 U.S. dollars).		<b>DEPENDENTS:</b> If you have dependents who will come with you to the U.S., your total financial support must include an additional \$19,200 for spouse and \$9,600 for each child.	

I certify that the information provided herein is correct and complete. \_\_\_\_\_  
Applicant's Signature Date

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

<b>SECTION A OFFICIAL CERTIFICATION OF FUNDS</b>		
This is to certify that I have read the information furnished by the applicant/sponsor on this form, that it is a true and accurate statement, and that the funds are available.		
SIGNATURE OF BANK OFFICIAL _____	TITLE _____	DATE _____
NAME OF BANK _____	ADDRESS of BANK _____	
BANK SEAL OR STAMP _____	CURRENT EXCHANGE RATE _____	

Student's Legal Name (as indicated in passport): \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ month/day/year      Male: \_\_\_\_\_ Female: \_\_\_\_\_

If presently in the United States, indicate current nonimmigrant status: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Permanent Address in Home Country: \_\_\_\_\_

Most recent occupation in your home country: \_\_\_\_\_

Most recent employer or academic institution in your home country: \_\_\_\_\_

Degree/program for which you are applying at UC Davis School of Medicine:    M.D. \_\_\_\_      M.D./Ph.D. \_\_\_\_  
M.D./M.B.A. \_\_\_\_      M.D./M.P.H. \_\_\_\_    Other \_\_\_\_\_

Current or most recent school attended:

\_\_\_\_\_ Non-U.S. Institution: \_\_\_\_\_  
Name of School City and Country

\_\_\_\_\_ U.S. Institution: \_\_\_\_\_ Last Term Attended: \_\_\_\_\_  
Name of School

\_\_\_\_\_ UC Davis: \_\_\_\_\_ Last Term Attended: \_\_\_\_\_  
Indicate Degree Program

**Please supply the following information for each dependent (spouse and/or children less than 21 years of age only) who will accompany you:**

NAME	BIRTH DATE	COUNTRY OF BIRTH/ City of Birth	RELATIONSHIP/ Gender
Last                      First			

**STATE OF CALIFORNIA PRIVACY NOTICE**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

The principal purpose for requesting the information on this form is to determine the ability of students to meet financial obligations while attending the University of California, Davis. University policy as determined by the Financial Aid Work Group authorizes collection of and maintenance of this information.

Applicants are required to provide all information requested on this form. Failure to provide such information will delay or prevent the return to applicants of documents necessary for entry into the U.S. Information furnished on this form may be used by various University departments for determination of the fiscal ability of the applicant to meet appropriate University costs and will be transmitted to the State and Federal governments if required by law.

Individuals have the right of access to this record as it pertains to them.

The official responsible for maintaining the information contained on this form is: Edward D. Dagang, Director, Admissions and Outreach, School of Medicine.