### Master of Architecture Financial Certification Requirements

**University of Michigan Taubman College of Architecture and Urban Planning**

**Academic Year:** September - May 2016-2017

<table>
<thead>
<tr>
<th>Academic Year: September - May</th>
<th>2016-2017</th>
</tr>
</thead>
</table>

#### Full Time Registration Fall and Winter Terms (Total)

<table>
<thead>
<tr>
<th>Academic Year: September - May</th>
<th>2016-2017</th>
</tr>
</thead>
</table>

#### Additional Dependent

- I have dependents. How many? __________
- Add $2,900 in living expenses per additional dependent.
- Health insurance costs will not be increased for additional dependents.

---

### Affidavit of Support from Personal Sources

**Directions:** Ask your personal sponsor(s) to complete the appropriate sections below and/or on the following page. If several sponsors will be offering partial support, please provide a copy of both pages of this form for each, including yourself, if you are supporting yourself to any degree. Please attach an original bank statement(s). Please also include a copy of your passport for I-20 processing.

**I will provide:**

- [x] Full Financial Support
- [ ] Partial Financial Support. Amount Per Year $__________

---

### Additional Dependents

- Add $2,900 in living expenses per additional dependent. Health insurance costs will not be increased for additional dependents.
AFFIDAVIT OF SUPPORT FROM THE FUNDING AGENCY (Government, Organization, Institution/School)

Directions: Ask your funding agency to complete this section, or to provide an original letter including the following details regarding your support.

We ___________________________ hereby certify that we will pay the following expenses for ___________________________

from ___________________________ ☐ Tuition + Fees ☐ Health Insurance ☐ Living Expenses (student) ☐ Living Expenses (spouse & children)

Study is approved for ___________________________ in ___________________________ at the University of Michigan.

Funding is effective from _____________ / ___________ To _____________ / ___________

Total award is ________________ per year for ________ years.

Name ___________________________ Official Title ___________________________

Address ___________________________ ___________________________

Address where tuition and fees will be billed (if applicable) ___________________________

Signature ___________________________ ___________________________

Official Seal of Funding Institution (if available)

ADDITIONAL INFORMATION Are you currently in the United States?  Yes  No

If yes, please answer the following questions:

What is your current visa status? ___________________________

Do you anticipate leaving the United States?  Yes  No  If yes, what is the expected date of departure? ___________________________

APPLICANT'S DECLARATION I ___________________________ hereby promise that the information provided is correct and complete.

I understand I ultimately am responsible for all anticipated yearly expenses for the length of my stay in the United States. I understand that these documents will not be returned to me.

Applicant's Signature ___________________________  Date ___________________________

Please attach a scanned copy of an original bank statement(s) and submit in one of the following ways:

1. Submit with your M.Arch. application
2. Email: TaubmanCollegeStudentServices@umich.edu
3. Mail to: M.Arch. Admissions
   Taubman College of Architecture and Urban Planning
   2000 Bonisteel Boulevard, Ann Arbor, MI 48109-2069 USA