

The University of Connecticut School of Law  
Office of Graduate Programs  
**LL.M. Program in U.S. Legal Studies**  
65 Elizabeth Street  
Hartford, CT 06105-2290  
Telephone #(860)570-5184, Fax #(860)570-5366  
U.S. LEGAL STUDIES LL.M. STUDENT FINANCIAL DECLARATION FORM  
For 2008/2009 Academic Year

This declaration must be filled out, signed, and returned along with current supporting documentation\* (bank statements, affidavits of support, etc.) before a visa eligibility form (I-20 or DS-2019) can be issued. This form is to show how you plan to meet all expenses throughout your academic degree program.

**Note:** Supporting documents\* must be original – photocopies and faxed documents will not be accepted.

This form should be returned with your application for admission. If you are completing this form after your acceptance to the University, please complete and return this form to the address above.

Source of Funding (fill in the table with amounts available and provide the required documentation)	Support for 1 Year
Personal Funds (official bank statement(s) attached)	\$
Family Funds (bank statement(s) and an affidavit from family member attached)	\$
Personal Sponsor (bank statement(s) and affidavit of support from sponsor attached)	\$
Government Sponsor (signed confirmation letter detailing terms of award attached)	\$
Other Sources (please specify)	\$

**DECLARATION:** I hereby declare that the information I have provided herein is true to the best of my knowledge. In addition, I fully understand that I am required, at the time of registration, to show evidence of adequate insurance coverage for basic medical and major medical coverage throughout the time that I am a student at the University of Connecticut School of Law.

\*Supporting financial documents should be in US dollars.

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Family) (First) (month/day/year)

SIGNATURE OF APPLICANT: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student ID NUMBER or Social Security Number if Available: \_\_\_\_\_

**The University of Connecticut School of Law  
Statement of Estimated Expenses for US Legal Studies LL.M. Students  
For 2008/2009 Academic Year**

<b>Required University Tuition and Fees</b>	<b>U.S. Legal Studies</b>	<b>Insurance</b>
Program Fees (two semesters – 24 credits) US Legal Studies \$909 per credit Insurance \$1,009 per credit	<b>\$21,816</b>	<b>\$24,216</b>
<b>SBA Fee (\$164), University Fee (\$62), Infrastructure Maintenance Fee (\$380) and Technology Fee (\$136)</b>	<b>\$742</b>	<b>\$742</b>
<b>Total Required University Tuition and Fees</b>	<b>\$22,558</b>	<b>\$24,958</b>
<b>Estimated Living Expenses</b>		
<b>Books and Educational Supplies (includes cooperative bookstore account one-time fee of \$75)</b>	<b>\$1,175</b>	<b>\$1,175</b>
<b>Personals and Incidentals (includes student medical insurance \$870)</b>	<b>\$4,150</b>	<b>\$4,150</b>
<b>Room &amp; Board</b>	<b>\$11,490</b>	<b>\$11,490</b>
Transportation	\$1,360	\$1,360
<b>Total Estimated Living Expenses</b>	<b>\$18,175</b>	<b>\$18,175</b>
<b>Estimated Total Student Expenses</b>	<b>\$40,733</b>	<b>\$43,133</b>

**Tuition and Fees are subject to change at any time without notice.**

**Note:** These figures do not reflect any travel either to the United States or within the United States. Actual expenses may vary greatly depending on individual spending habits.

**\*HEALTH INSURANCE:** As a condition of admission and registration, ALL international LL.M. students will be required, at the time of registration, to show evidence of adequate insurance coverage for basic medical, major medical, and repatriation expenses. Students should consult the Graduate Office regarding compliance with this requirement and assistance in enrolling in an approved insurance program. Phone: (860)570-5184; Fax (860)570-5366.

**MARRIED LL.M. STUDENTS:** For LL.M. students planning to bring dependents, the estimated living expenses are higher than those stated above. Additional evidence of support will need to be presented for an accompanying spouse and/or child. Currently the estimate for an accompanying spouse is \$4,000 and for each accompanying child the amount if \$2,500.

**DEPENDENT INFORMATION:** If bringing dependent(s), please indicate information below:

<b>Name (family, first)</b>	<b>Relationship</b>	<b>Birth date</b>	<b>Country of birth</b>