



UNIVERSITY of NORTH TEXAS  
HEALTH SCIENCE CENTER at Fort Worth  
★  
Graduate School of Biomedical Sciences

## ***Bank Statement***

Non-U.S. Citizens

An original bank statement in U.S. currency may be substituted for this statement.

I certify that \_\_\_\_\_ (Sponsor's Full Name)  
has adequate funds, equal to or greater than \$36, 250 (MS Program) or \$36, 136 (Ph.D. Program) in U.S.  
currency per academic year, to meet the expenses of the applicant to and prospective student of the  
University of North Texas Health Science Center.

\_\_\_\_\_  
Family/Last Name (Bank Official)

\_\_\_\_\_  
First/Given Name (Bank Official)

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Street Address (Bank)

\_\_\_\_\_  
Mailing Address (Bank)

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country/Texas County

I certify that the information in these application materials, regarding my financial standing of the sponsor is complete and correct to the best of my knowledge. I agree to notify the proper officials of the UNT Health Science Center of any changes in the information provided. I understand that falsification or omission of any information on the applicant documents will void the applicant's admission, cancel his/her enrollment and/or result in appropriate disciplinary action.

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

\_\_\_\_\_  
Date: MM/DD/YYYY