

Confirmation of Financial Resources and I-20 Data

This is your statement of financial resources for education purposes. United States Immigration regulations require nonimmigrant International students to verify that they will have funds available to pay for their educational, living and other expenses. The Immigration Service will not permit an International student on a student visa to work off-campus except in very rare circumstances. On-campus employment, can only supplement, not replace personal funding.

The total estimated educational and living expenses for an International student in Constantin College are \$51,432 for a 9-month period of study. An additional \$3,500 is required for summer expenses in the U.S. if appropriate. This figure is an estimate based on housing costs for a single student who lives on campus or shares expenses with a roommate in an apartment, and does not include travel costs to and from the student's home country or dependent expenses.

PART 1 - APPLICANT INFORMATION AND CERTIFICATION – to be completed by student applicant

1. Name (as it appears in your passport): _____
Last (Surname, Family name) First Middle

2. Address: _____

3. Date of Birth: / / Marital Status: Single Married Sex: M F
Month Day Year

4. Birthplace: _____ Citizenship: _____ Country of Residence (if different): _____
City, State, Country

For each dependent (spouse or child) who will live with you in the US, provide the following information and show additional funding per year:

Full Name (Surname, First)	Relationship (husband, wife, son, daughter)	Date of Birth (mm/dd/yy)	Country of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT: Your signature of agreement to the following statements will be an indication that you understand your obligatory financial commitment to the University of Dallas. **This form will be returned to you if not completed in its entirety.**

- (1) I certify that the financial information shown below is true and correct and that I have attached affidavits which support this information.
- (2) I certify that I will have a minimum of \$51,432 to meet my expenses for each 9-month academic period I plan to study at the University of Dallas. I further certify that I will have an additional \$3,500 available if I remain in the U.S. during the summer vacation. (Additional funds will be available if I have dependents.)
- (3) I certify that I will have an additional \$6000 per academic period for my spouse and \$2700 for each child who accompanies me to the United States.
- (4) I certify that I or my sponsor can make the necessary arrangements to have all funds transferred to the United States.
- (5) I understand that I will be required to purchase the **health insurance** required by the University of Dallas for non-immigrants in the United States.

Applicant's Signature _____ Date _____

PART 2 - FINANCIAL INFORMATION – to be completed by applicant or sponsor

Complete the following to indicate every source from which you will receive financial support. Statements from the bank, employer, or government must be on official letterhead, and must be signed by an official representative. Family or personal sponsors must also sign the Sponsor's Statement below or provide a letter of guarantee of financial support. **Bank affidavits which support your statement must accompany this form.**

	<u>First Year</u>	<u>2nd, 3rd, 4th Years</u>
<input type="checkbox"/> University Scholarship- Type: Founder's Scholarship		
<input type="checkbox"/> Personal Funds (Bank affidavit must be attached)	\$ _____	_____
<input type="checkbox"/> Family Funds (Sponsor's statement and Bank affidavit must be attached)	\$ _____	_____
<input type="checkbox"/> Government or Scholarship Loan (Attach letter from contributing organization)	\$ _____	_____
<input type="checkbox"/> Other (Sponsor's statement and Bank affidavit must be attached)	\$ _____	_____
TOTAL funds available per academic year (Must total at least \$51,432)	\$ _____	_____

PART 3 - SPONSOR'S STATEMENT – to be completed by sponsor (parents)

I affirm that I will make available to _____ (applicant's name) the amount stated above during each year of academic study at the University of Dallas. I certify that I am capable of providing such support, and that the funds will be made available when needed. I have provided a certified statement from my bank to verify my capability to provide the stated funds.

Name: _____ Relationship to Applicant _____

Address: _____

Signature _____ Date _____