



Please return this form through the [LU File Sender](#) or send a copy in email to: LUinternational@lehigh.edu or fax to +1-610-758-4361

International Undergraduate Financial Certification Form

This form is to be completed and submitted along with your other application materials. Your application will not be considered complete until this financial certification form is received. International students applying for financial aid must also submit the [CSS Profile](#) to complete their Lehigh application (please contact the Office of Financial Aid if you are unable to complete the online version of this application).

Name (as spelled on your passport): _____
 _____ Full Last/Family name Full First/Given Name Full Middle Name

Date of Birth _____ (Month/Day/Year)

Country of Birth _____ Country of Citizenship _____

Permanent Address _____

You are required to certify that you have sufficient funds available for your academic and living expenses. The projected 2018-2019 costs for tuition, room and board, and mandatory fees is **\$66,000**. This is the minimum funds needed to attend Lehigh University if not applying for financial aid. Please complete the chart below with this amount in mind. If you do not have funding sources for at least \$66,000 per year, then you must apply for financial aid using the [CSS Profile](#).

Please note that for those applying for financial aid, this form is used in conjunction with your CSS Profile to determine your financial aid package. There will not be additional funding awarded beyond the initial financial aid offer if admitted.

Source of Funds	Amounts in U.S. Dollars			
	Projected Support			
	Year 1 (enter amount)	Year 2 (enter amount)	Year 3 (enter amount)	Year 4 (enter amount)
Self-Support Upon admission and deposit with Lehigh, a bank statement will be required, but is not required at this time	\$	\$	\$	\$
Parents or Individual Sponsors Your sponsor must sign the certification portion below	\$	\$	\$	\$
Your Government Enclose with this form a signed copy of your letter of award	\$	\$	\$	\$
Other (Specify) _____	\$	\$	\$	\$
TOTAL: totals must equal or exceed Lehigh estimate of expenses (\$66,000) for each year you plan to attend.	\$	\$	\$	\$

APPLICANT'S CERTIFICATION

I certify that I have read the information provided on this certification, that it is true and accurate, and that the funds are available.

Signature of Applicant _____ Date _____

Official Certification by family or Individual Sponsor

I guarantee that I will provide to the above named applicant the amount indicated on the above chart, for purposes of full-time study at Lehigh University.

Sponsor's Signature _____ Date _____

Sponsor's Name (please print) _____ Relationship to Applicant _____

Sponsor's Address _____