



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 admissions-related application materials. Your application for admission will not be considered complete until this financial certification form is received.

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 the amount of funds that you will have available for your tuition and living expenses for all four years at Lehigh at the time of your application. If your family does not have the ability to pay the annual costs, you must also submit the [CSS Profile](#) so that we can determine your eligibility for need-based financial aid. **The projected cost of attendance for the 2020-2021 award year is \$77,000.**

Please note that if admitted to Lehigh, there will not be additional funding awarded beyond the initial financial aid offer. Should you choose to matriculate, we are unable to provide additional financial aid due to changes in the value of your home country's currency during your enrollment at Lehigh.

Source of Funds	Projected Support (Amounts in U.S. Dollars)			
	2020-2021	2021-2022	2022-2023	2023-2024
Self-Support (NOTE: You must submit a bank statement if you are admitted and choose to attend Lehigh)	\$	\$	\$	\$
Parents or Individual Sponsors Your sponsor must sign the certification portion below	\$	\$	\$	\$
Your Government Attach an official notification of your award	\$	\$	\$	\$
Other (Specify) _____	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$

APPLICANT'S CERTIFICATION

I certify that I have read the information above, that is true and accurate, and that the funds are available.

Signature of Applicant: _____ Date: ____ / ____ / ____ (Month/Day/Year)

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: ____ / ____ / ____ (Month/Day/Year)

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

Sponsor's Address: _____