

## INTERNATIONAL STUDENT CERTIFICATION OF FINANCES

2015-16

The purpose of the *Certification of Finances* is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising education costs and economic conditions have made verifying the financial resources of international applicants essential. Institutions do not have the option of deciding whether to verify the financial resources of their international applicants; financial verification must be made prior to institutional issuance of a Certificate of Eligibility (Form I-20 or DS-2019).

This form is designed to standardize financial information provided by applicants to colleges, universities and U.S. consuls. By completing this form and returning it to the college or university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or DS-2019). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the International Student Financial Aid Application to the family for completion. The institution should attach a copy of this certification to the Certificate of Eligibility. U.S. consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. This certification will help such officials make their decisions and expedite visa issuance.

Return directly to the college providing or requesting this statement.

The space below is for optional use by issuing institutions for listing student's expected annual budget.

1. Your Name				4. Date of Birth							
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss											
		NATION AND ADDRESS OF THE PARTY		Month Day Year							
Family (surname)	Given (first)	Middle									
2. Permanent Address		5. Place	of Birth (countr	y)							
		6. Coun	try of Citizenshi	p							
3. Mailing Address (if different from abo	ve)	7. Expe	7. Expected Visa Type								
		□ F-1	□ G-2								
		☐ F-2	□ G-3								
		□ J-1	□ G-4								
		☐ J-2	п н								
		□ G-1	☐ Other (s	specify)							

Student's Sources of Funds								Assured									Projected																									
																			<b>Support</b> 2015-16							2∩1	6-17	7		<b>Support</b> 2017-18							20	)18-1	10			
8a. F	er	son	ai (	or F	am	шу	Sav	/ing	js										•		201	5-1	0		_	•		201	0-17	/	0.0			2017	/-10			•	70	110-	19	0.0
Nome	of F	lank																	\$					.0	J	\$					.00	) \$				.00		\$				.00
Name A bank			siar	ature	o is re	onuire	n he	the	certi	ficatio	n if	the (	hute	ent is	nar	tially	or																									
totally								THIC	00111	iiioutic	,,,,,,,	tilo c	ituut	5111113	, pui	tiuity	UI																									
Signa	itui	e of	Baı	ık O	ffici	al																												Da	ate	Day	Λ.	Лonth			'ear	
Title																																				Day	IV	101111	ı	'	Gai	
Name	e of	Ban	ık																																							
Addr	ess	of B	ank																																							
Offic	ia	l Ce	rtif	ica	tior	ı of	So	uro	es	of F	un	ıds	an	d A	mo	oun	ts																									
This is	to o	ertify	that	I hav	/e rea	ad the	e inf	orma	tion	furnisl	ned	by th	е ар	plica	int o	n this	for	m, that	it is a	true	e and	accu	rate s	state	ment	, and	that	the fu	unds a	are a	availab	ole an	d wil	I be pr	ovide	ed as indica	ated.					
8b. F	ar	ent	s (I	/lon	ey a	vai	lab	le fr	om	sou	rce	s ot	the	r th	an s	savi	ng	s.)																								
																			\$						00	\$					.00	\$				.00	(	\$				.00
Father	s N	ame																																								
																			\$						00	\$					.00	\$				.00	(	\$				.00
Mothe	r's l	Name																																								
Please	des	scribe	the	sourc	e:																																					
													_	_																												
																																		n:	ate							
Signa	itui	e of	Par	ent																														Da	116	Day	Λ.	/lonth		V	'ear	
Addr	ess																																			Day	10	TOTTE	,		Gui	
Offic	ia	l Ce	rtif	ica	tior	ı of	Sc	uro	es	of F	un	ıds	an	d A	mo	oun	ts																									
This is	to o	ertify	that	I hav	/e rea	ad the	e inf	orma	tion	furnisl	ned	by th	e ap	plica	int o	n this	for	m, that	it is a	true	e and	accu	rate s	state	ment	, and	that	the fu	unds a	are a	availab	ole an	d wil	I be pr	ovide	ed as indica	ated					
8c. S	aa	onso	ors	(Mc	one	v av	aila	ble	fro	m so	ur	ces	otŀ	ner f	hai	n pa	rei	ıts.)																								
	İ			Ì												Ť			\$						.00	\$					00	\$				.00	,	\$				.00
Spons	or's	Name	9																Ψ					Ш	.00	Ψ					.00	Ψ				.00	•	_				00
Ė																			\$						.00	\$					.00	\$				.00		\$				.00
Spons	nr's	Name	<u> </u>																Ť							*						•										
Please				sourc	e:																																					
Signa	itui	e of	Spo	nso	r																													Da	ate							
Addr	ess												_																							Day	N	/lonth	1	Y	'ear	
	_																																									
Relat		-																																								
Office This is																		m, that	it is a	true	e and	accu	rate s	state	ment,	, and	that	the fu	unds a	are a	availab	ole an	d wil	l be pr	ovide	ed as indica	ated					
8d. \	/oı	ır G	ov	ern	me	nt																																				
																				\$					.0	0 \$					.00	) \$				.00	, .	\$				.00
Name	of A	gency	V																																							
Enclos		-		y of	your	letter	of a	ward	l wit	h this	forn	n.								_																						_
																	T/	OTAL		\$					0	0 \$					.00	) \$				.00	1	\$				.00
																	- 1	J IAL	•	ψ					.0	υψ					.00	, ф				.00		Ψ				.00

9.	What is the present exchange currency to the U.S. dollar (for example, 3,100 pesos = \$1)?		r country's	13.	What is you exp you arri		\$											
				14.	Do you	plan to	rema	ain in 1	the U.	S. dur	ing the su	ımm	er?					
10.	Does your government curren and release of funds for study	tly impose in the U.S.?	restrictions on exchange		☐ Ye	s 🗖	No											
	☐ Yes ☐ No			15.	If remai			J.S., d	o you	plan t	o attend							
	If YES, describe restrictions.				summe □ Ye:		No											
11.	Do you have a source for eme	rgency fund																
	☐ Yes ☐ No					-	Sourc	_				,	Amou	ınt				
	If YES, name source.										U.S.	\$			.00			
	Amount available in U.S. dolla	ars	\$ .00								U.S.				.00			
12.	How will you pay for your tran	sportation	to the U.S.?								U.S.				.00			
											0.0.							
											U.S.	\$			.00			
17	A CERTIFICATE OF ELIGIBILIT	V /Form																
	I-20 or DS-2019) will not be au until this form is completed at returned to the institution to you are applying. The institution attach a copy of this form to y CERTIFICATE OF ELIGIBILITY. form and certificate must be stee U.S. consul to obtain a vision of the U.S. consultation of the U.S. consult	thorized nd which ion will our Both the shown to	is true, correct and complete. may be cause for refusing or					Day	Month	1	Year	_						
	s is to certify that I have reviewed the	SIGNATURE	OF		FOR	OFFICE	USE C	ONLY										
app	laration and attached documents, if ropriate, and approve issuance of a	COLLEGE (	DFFICIAL NSTITUTION					1	TITLE _									
Cer	tificate of Eligibility.	NAME OF I	INSTITUTION										ΛTE					

3

DATE \_\_

ADDRESS\_