



LEHIGH
UNIVERSITY

This form should be uploaded through your Lehigh Applicant Portal via the Admissions Checklist. You must first submit your application to establish your Lehigh Applicant Portal. If you have questions, please email: LUinternational@lehigh.edu.

International Undergraduate Financial Certification Form

If you will need financial aid during any of your intended years of undergraduate enrollment at Lehigh, 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: _____ Countries of Citizenship: _____

Permanent Address: _____

How many years do you intend to enroll at Lehigh as an undergraduate student? ____

You are required to certify the amount of funds that you will have available for your tuition and living expenses for all years indicated above at the time of your application. If your enrollment ends up exceeding the number of years indicated on this form, then we are unable to provide need-based financial aid for those years. If your family does not have the ability to pay the annual costs for all years indicated, 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 2026-2027 award year is \$93,400.** Please note that if admitted to Lehigh, there will not be additional funding awarded beyond the initial financial aid offer outside of adjustments made based on increases in cost of attendance. We are unable to provide additional financial aid for flights or 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)			
	2026-2027	2027-2028	2028-2029	2029-2030
Self-Support	\$	\$	\$	\$
Parents or Individual Sponsors Your sponsor must sign the certification portion below	\$	\$	\$	\$
Your Government Attach an official notification of your award	\$	\$	\$	\$
Other (Specify) _____	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$

*A bank statement showing the above "Projected Support" for one full year will be required for matriculated students in order to secure an I-20.

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: _____