



FLORIDA ATLANTIC UNIVERSITY

CERTIFICATION OF FINANCIAL RESPONSIBILITY

This form is valid for **one year only**. Unsigned forms will not be accepted.

NOTE: This form is not an application for admission but is required supplementary information. A form I-20 or IAP-66 (for the issuance of a visa) cannot be issued to you until you have been admitted to Florida Atlantic University AND you have completed this form to our satisfaction and returned it to:

Florida Atlantic University, Office of Admissions, 777 Glades Road, P.O. Box 3091, Boca Raton, FL 33431-0991.

— PLEASE PRINT OR TYPE —

Student Number/U.S. Social Security Number: _____

PART I

1. Name of Applicant _____

Family (Last) Name _____ First Name _____ Middle or Maiden Name _____
Date of Birth _____ Sex _____ Male _____ Female
Month/ Day/ Year

2. Country of Citizenship _____ 3. Country and City of Birth _____

4. Country of Legal Permanent Residence _____ 5. Occupation in your Home Country _____

6. If you are currently in the U.S. on a Student (F-1) visa, indicate your immigration admission number _____

7. _____ I plan to come without dependents.
_____ The following dependents will accompany me:

Name	Relationship	Date of Birth	Country of Birth	Citizen of	Legal Permanent Resident of

Each applicant must document financial support equal to or greater than the amounts indicated below. These figures are estimated costs for a calendar year (12 months) and are subject to increase without notice.

You are also likely to need this documentation to prove to the United States Consular Officials and U.S. Immigration that you have sufficient funds. We suggest, therefore, that you request two originals of all documents for this purpose.

	GRADUATE (24 Credit Hrs)	UNDERGRADUATE (30 Credit Hrs)
Tuition and Fees:	\$13,904.00	\$10,587.00
* Living Expenses:	11,808.00	11,808.00
Books and Supplies:	900.00	900.00
Health Insurance/Immunizations:	<u>542.00</u>	<u>542.00</u>
TOTAL	\$27,154.00	\$23,837.00

YOU ARE REQUIRED TO CERTIFY that you will have available the estimated sum covering your own expenses for your first year at Florida Atlantic University exclusive of travel expenses. You must also indicate how you will meet your expenses for all years of attendance. In computing your expenses, you should bear in mind that students holding Student (F-1) or Exchange (J-1) visas will not be authorized to work except under extraordinary circumstances. Therefore, the applicant should not look for employment as a means of support while at FAU. Under no circumstances are students permitted to work full-time during the academic year. If you are a married applicant and plan to bring your spouse and children, a proportionately larger amount must be certified, on the basis of at least an additional **\$5,000** per academic year for your **spouse** and **\$2,400** for **each child**. (Spouses of F-1 student visa holders are not permitted to work under any circumstances.)

* **EXCEPTION:** students residing with family who live within commuting distance from Florida Atlantic University. A notarized letter is required from the student's relative stating that the student will be living at home during the academic terms and that the Florida address is their permanent residence. A copy of the relative's valid Florida Driver's License (which shows proof of residence) is also required.

Source of Funds

Required Documentation (Must be submitted in English & refer to U.S. dollars.)

Personal/Family Savings:

Signatures of sponsors on this form. Letter from an officer of the bank or other financial institution in which you have deposits giving the following details: Date account opened, total amount deposited for the last year, and present balance. All letters must be originals (no photocopies) and **dated no more than 6 months prior to intended date of entry.**

Scholarship:

Official scholarship award letter from the institution awarding the scholarship. The award letter must contain the name of the applicant, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the requirements of the award, the degree and major field of study for which the award is tenable, and the name of Florida Atlantic University as the institution to which the award is applicable.

Government or Employer:

Official letter indicating amount of support and containing the same information as for "Scholarship" described above. **SALARY VERIFICATION LETTERS ARE NOT ACCEPTABLE.**

Loans:

Official letter from credit institution indicating approval of the loan and the amount approved.

PART II

Bank letters should have amounts expressed in U.S. dollars or have the current exchange rate. Bank letters must be in English or accompanied by official translation.

(Be specific) Source of Funds (Enter Names)	Assured Support	AMOUNTS IN U.S. \$					Required Form of Verification
		Projected Support					
	Year 1	Year 2	Year 3	Year 4	Year 5		
Student Savings Name of Bank _____						1. Original bank letter, indicating current balance in account. (See note below)	
Family/Relative/Sponsor Funds Name of Bank _____ Account Holder _____						1. Original bank letter indicating current account balance. 2. See (A) below.	
Scholarship/Loan Awarded by _____						1. Official award letter. 2. Loan approval letter.	
Government/Employer/Other Name of Sponsor _____ Other (Specify source and type of support) _____						1. Official letter of support. See instructions. 2. Original bank letters, affidavits, or sworn statements.	
Total: Totals must equal or exceed the University's estimate of expenses for each calendar year you plan to attend.							

VERIFICATION:

A. This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at Florida Atlantic University and that I (we) are submitting bank letters indicating the availability of these funds.

Sponsor's Signature _____ Date _____ Relationship to applicant _____

Sponsor's Signature _____ Date _____ Relationship to applicant _____

B. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

Applicant's Signature _____ Date _____

Return this form with all additional financial documentation. Sign and Date Form.

NOTE: If you are using personal funds for Year 1 and do not have sufficient funds for your entire program, a sponsor must agree to provide projected support by signing verification statement above. (A)