Financial Certificate for International Students
(Please submit this form to the Enrollment Services Office)

I, ____________________________________________________________, certify that the
(please print)
total amount of money that I have available for my expenses is $_______________.

SOURCES:  $__________ Family
            $__________ Friends or Relatives
            $__________ Government
            $__________ Personal Savings
            $__________ Other (please specify)______________________
            $__________ TOTAL

Signature______________________________________________________

Subscribed and sworn before me this ______ day of ________________________, 20__________.
Date: _________________________________________________________
       (seal)

Signature of Notary Public:
Notary’s Address:

_______________________________________________________________
_______________________________________________________________

My commission expires:________________________________________

Documentation must be received to support your statement above. Family, friends, or relatives: responsible
person must sign the bottom of this form. Government: a letter concurring sponsorship must be received.
Personal savings: a statement from your bank (amount of money to be stated in terms of United States currency).
Other: submit supporting documents accordingly.

I, ____________________________________________________________, certify that the
(please print)

Information furnished by the applicant above is a true and correct statement of the financial resources that I will
make available for his/her study in the United States.

Signature _____________________________________________________

Subscribed and sworn before me this ______ day of ________________________, 20__________.
Date: _____________________________
       SEAL

SIGNATURE OF NOTARY PUBLIC:
Notary’s Address:

_______________________________________________________________
_______________________________________________________________

My commission expires:________________________________________