



CERTIFICATION OF FINANCES FORM

All international undergraduate degree applicants seeking an F-1 student visa must complete this form, regardless of any other form completed previously for another school. It must be returned with the Parental/Sponsor Affidavit of Support Form(s) and the official, supporting bank letter(s). The applicant must sign this form in the designated area.

Please print all information in English (as it appears in your passport).

Applicant's Name: _____
Last Name/Surname First Name Middle Name

Permanent Address: _____

Telephone Number at Permanent Address: _____
Country or Area Code

Date of Birth: _____
Month Day Year

Native Language: _____ Other Languages Spoken: _____

*An I-20 form is issued only after applicant has been accepted and has paid the appropriate deposit.

Your I-20 form will be sent via airmail or FedEx to the address you list below. Please note that FedEx does NOT deliver to post office boxes.

PRINT YOUR NAME AND ADDRESS IN ENGLISH EXACTLY AS IT SHOULD APPEAR ON THE ENVELOPE.

Name: _____

Number and Street: _____

City, State (or Province) and Zip Code: _____

Country: _____

Phone Number at Address: _____

(over)

I plan to attend Framingham State University for:

- a nine (9) month course of study (September-May) with costs per year averaging \$24,000.00.
- a twelve (12) month course of study (September-August) with costs per year averaging \$26,000.00.

- I will:
- NOT be accompanied by either a spouse or child(ren) during my stay in the United States.
 - be accompanied by my spouse during my stay in the U.S. and will certify that I can provide an additional \$6,000.00 per year to cover expenses.
 - be accompanied by my spouse and _____ child(ren) during my stay in the U.S. and will provide an additional \$6,000.00 per year to cover expenses for my spouse and \$5,000.00 per year to cover expenses for each child.
 - be accompanied by _____ child(ren) during my stay in the U.S. and will certify that I can provide an additional \$5,000.00 per year to cover expenses for each child.

Please indicate the amount of support from each source for each year that you will be studying in the United States.

*****projected support*****

	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>
My Personal Savings (<i>minimum \$100</i>):	\$ _____	\$ _____	\$ _____	\$ _____
Parent/Family Savings:	\$ _____	\$ _____	\$ _____	\$ _____
Other Family Funds (<i>specify</i>):	\$ _____	\$ _____	\$ _____	\$ _____
Sponsor's Savings:	\$ _____	\$ _____	\$ _____	\$ _____
Government/Agency/Association Funds:	\$ _____	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____	\$ _____

In case of emergency, will you have an additional source of funds available to you in the U.S.? No Yes (*specify below*)

Emergency funds will come from (*source's name*): _____

Source's relationship to applicant: _____

Amount of funds US\$: _____

Source's complete address: _____

Source's telephone number: _____

Source's e-mail and/or fax number (*if applicable*): _____

Does your government impose any restrictions on the exchange or release of funds for study in the U.S.?

No Yes (*please explain*): _____

ALL APPLICANTS MUST SIGN BELOW

I certify that the total amount of money available to me for my first academic year at Framingham State University is US\$_____ and the total amount for each subsequent year is US\$_____. Further, I certify that all information detailed on this form is true and correct. I understand that any misrepresentation may be cause for refusing or revoking admission to the University.

Applicant's Signature _____ Date _____