



2014-15 International Student Certification of Finances Guidelines

Please read prior to completing this form.

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 this form directly to the college that provided or requested it. Do not send it to the College Board.

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

<p>1. YOUR NAME Mr. _____ Ms. _____ Mrs. _____ Miss _____ FAMILY (surname) GIVEN (first) MIDDLE <small>(Circle one)</small></p> <p>2. PERMANENT ADDRESS _____ _____</p> <p>3. MAILING ADDRESS _____ (If different from above)</p>	<p>4. DATE OF BIRTH</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> </table> <p>5. PLACE OF BIRTH (country) _____</p> <p>6. COUNTRY OF CITIZENSHIP _____</p>	MONTH	DAY	YEAR	<p>7. EXPECTED VISA TYPE</p> <p><input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> J-1 <input type="checkbox"/> J-2 <input type="checkbox"/> G-1 <input type="checkbox"/> G-2 <input type="checkbox"/> G-3 <input type="checkbox"/> G-4 <input type="checkbox"/> H Other (specify) _____</p>
MONTH	DAY	YEAR			

8. Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT				9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS
	2014-15	2015-16	2016-17	2017-18		
8a. PERSONAL OR FAMILY SAVINGS						<p>This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.</p> <p>SIGNATURE OF BANK OFFICIAL _____</p> <p>TITLE _____</p> <p>NAME OF BANK _____</p> <p>ADDRESS OF BANK _____</p> <p>DATE _____</p>
<p>NAME OF BANK _____</p> <p>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</p>						
8b. PARENTS						<p>Parent's signature is required (see certification statement above).</p> <p>SIGNATURE OF PARENT _____</p> <p>ADDRESS _____</p> <p>DATE _____</p>
<p>Money available from sources other than savings.</p> <p>FATHER'S NAME _____</p> <p>MOTHER'S NAME _____</p> <p>Please describe the source: _____</p>						
8c. SPONSORS						<p>Sponsor's signature is required (see certification statement above).</p> <p>SIGNATURE OF SPONSOR _____</p> <p>ADDRESS _____</p> <p>RELATIONSHIP OF SPONSOR TO STUDENT _____</p> <p>DATE _____</p>
<p>Money available from sources other than parents.</p> <p>SPONSOR'S NAME _____</p> <p>SPONSOR'S NAME _____</p> <p>Please describe the source: _____</p>						
8d. YOUR GOVERNMENT						<p>13. How will you pay for your transportation to the U.S.? _____</p> <p>14. What is the total amount of money you expect to have when you arrive at this institution? . . . U.S. \$ _____</p> <p>15. Do you plan to remain in the U.S. during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. If remaining in the U.S., do you plan to attend summer school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. What are the sources and amounts of support available to you during the summer? AMOUNT</p> <p>SOURCES: _____ U.S. \$ _____</p> <p>_____ U.S. \$ _____</p> <p>_____ U.S. \$ _____</p> <p>_____ U.S. \$ _____</p>
<p>NAME OF AGENCY _____</p> <p>Enclose a signed copy of your letter of award with this form.</p>						
TOTAL ▶	\$	\$	\$	\$		

10. What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3,100 pesos = \$1)? = \$1

11. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? Yes No **If YES, describe restrictions.** _____

12. Do you have a source for emergency funds once you arrive in the U.S.? Yes No **If YES, name source.** _____
Amount available _____ in U.S. dollars \$ _____

18. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. consul to obtain a visa.

I certify that the information on this form is true, correct and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

SIGNATURE OF STUDENT _____ DATE _____

FOR OFFICE USE ONLY

SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____

NAME OF INSTITUTION _____

ADDRESS _____ DATE _____