## 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 educational costs, and economic conditions have made verification of financial resources of international applicants essential. Institutions do not have the option of deciding whether or not to verify the financial resources of their international applicants; financial verification must be made prior to institutional issuance of Certificates of Eligibility (Form I-20 or IAP-66).

The form is designed to standardize financial information provided by applicants to colleges, universities, and United States consuls. By completing and returning the form to the college/university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or IAP-66). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the Foreign Student Financial Aid Application to the family for completion. The institution should attach a copy of the Certification to the Certificate of Eligibility. United States consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. The 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 Scholarship Service® or International Education at the College Board.

| The space below is for optional use by issuing institutions for | r listing student's expected annual budget. |
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## INTERNATIONAL STUDENT CERTIFICATION OF FINANCES

Return directly to the college providing or requesting this statement.

CONFIDENTIAL

| 1.   | YOUR  | Mr.<br>Ms.                                     |                                      |                   |                 |                 |  | 4. DATE (               | OF BIRTH                      | YEAR  | 7. EXPECTED VISA TYPE  Academic or language                    |  |
|--|---|--|--------------------------------------|-------------------|-----------------|-----------------|--|-------------------------|-------------------------------|---|--|--|
| 2.   | PERMANENT<br>ADDRESS  | Mrs<br>Miss FA                                 | MILY (Surname)                       | GI                | VEN (First)     | MIDI            | DLE  | 5. PLACE                | OF BIRTH                      | (country)   | training (F)  Non-academic vocational (M) Exchange visitor (J) |  |
| 3. MAILING ADDRESS (If different from above)   |   |  |                                      |                   |                 |                 |  | 6. COUN                 | TRY OF CIT                    | ☐ Immigrant (PR) ☐ Diplomatic or official (A or G) ☐ Other (Specify.) |  |  |
| 8.   |   | ted amount of annual<br>PRINT all entries. Use |                                      |                   |                 |                 |  |                         |                               |   | S OF FUNDS AND AMOUNTS   |  |
| STUDENT'S SOURCES OF FUNDS   |   | ASSURED<br>SUPPORT                             |                                      | PROJECTED SUPPORT |                 |                 | 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. |                         |                               |   |  |  |
| 8a.  | PERSONAL OR   | FAMILY SAVINGS                                 | FIRST YEAR                           | SECOND YEAR       | THIRD YEAR      | FOURTH YEAR     | BANK C   |                         |                               |   |  |  |
| _  | NAME  | OF BANK  |                                      |                   |                 |                 |  |                         |                               |   | <del></del>  |  |
| A bank official's signature is required on the certification if the student is partially   |   |  |                                      |                   |                 |                 | NAME OF BANK ADDRESS OF BANK   |                         |                               |   |  |  |
| or   | totally supported   | l by personal savings                          |                                      |                   |                 |                 |  |                         |                               |   | DATE   |  |
| 8b.  |   |  |                                      |                   |                 |                 | Parent's   | s signature             | is required                   | (see certifica  | ation statement above).  |  |
|  | Money available other than savi   |  |                                      |                   |                 |                 |  | URE OF                  |                               |   |  |  |
|  | FATHER  | R'S NAME                                       |                                      |                   |                 |                 | ITAKEN   | '                       |                               |   | <del></del>  |  |
| _  |   | R'S NAME                                       |                                      |                   |                 |                 | ADDRE  | ss                      |                               |   |  |  |
|  | Please descr  | ibe the source:                                |                                      |                   |                 |                 |  |                         |                               |   | DATE   |  |
| 8c.  | SPONS   | SORS   |                                      |                   |                 |                 |  |                         |                               | 1./   |  |  |
| Money available from sources other than parents.   |   |  |                                      |                   |                 |                 | SIGNAT   | URE OF                  | •                             | •   | ication statement above).                                      |  |
| _  | SPONSO  | DR'S NAME                                      |                                      |                   |                 |                 |  |                         |                               |   |  |  |
| _  |   | DR'S NAME                                      |                                      |                   |                 |                 |  | ONSHIP OF               |                               |   |  |  |
| _  | Please descr  | ibe the source:                                |                                      |                   |                 |                 | 0. 0.10  | 01110010                |                               |   | DATE   |  |
| 8d.  | YOUR GOVI   | ERNMENT  |                                      |                   |                 |                 | <b>13</b> . Hov  | w will you pa           | y for your tra                | ansportation t  | o the U.S.?  |  |
|  | NAME O  | F AGENCY                                       |                                      |                   |                 |                 |  | at is the tota          | al amount of                  | money you e   | expect   |  |
|  | close with this f   | orm a signed copy<br>vard.                     |                                      |                   |                 |                 |  |                         |                               |   | n? US \$   |  |
|  |   | TOTAL ▶  | . \$                                 | \$                | \$              | \$              | <b>16</b> . If re  | ·<br>emaining in t      | the U.S., do                  | you plan to a   | the summer? ☐ Yes ☐ No  uttend ☐ Yes ☐ No                      |  |
| 10.  |   | sent exchange rate of US dollar (for example   |                                      | 1)3               |                 | = \$1           | 4= 14/1  |                         |                               | amounts of s  |  |  |
| 11.  | Does your gover study in the U.S.   | rnment currently impo<br>.? ☐ Yes ☐ No         | se restrictions on                   | exchange and re   | elease of funds | for             | ava  | ilable to you<br>URCES: | •                             |   | AMOUNT<br>US \$  |  |
|  |   | restrictions.                                  |                                      |                   |                 |                 |  | _                       |                               |   | US \$  |  |
| 12.  | Do you have a s   |  | / funds once you arrive in the U.S.? |                   |                 |                 |  |                         |                               |   |  |  |
| 18.  | 18. A CERTIFICATE OF ELIGIBILITY (Form I-20 or IAP-66) will not be authorized until this form is completed and returned to the institution to which you are applying.  I certify that the information on this form is true, correct, and complete. I understand that a misrepresentation may be cause for refusing or revoking admission. |  |                                      |                   |                 |                 |  |                         | mplete. I understand that any |   |  |  |
| 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.  SIGNATURE OF STUDENT DATE |   |  |                                      |                   |                 |                 |  | DATE                    |                               |   |  |  |
| F(   |   |  |                                      |                   | FOR             | OFFICE USE ONLY |  |                         |                               |   |  |  |

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.