



2005-06 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 DS-2019).

This form is designed to standardize financial information provided by applicants to colleges, universities, and United States consuls. By completing and returning this 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 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. United States 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</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"/> Academic or language training (F)</p> <p><input type="checkbox"/> Nonacademic vocational (M)</p> <p><input type="checkbox"/> Exchange visitor (J)</p> <p><input type="checkbox"/> Immigrant (PR)</p> <p><input type="checkbox"/> Diplomatic or official (A or G)</p> <p><input type="checkbox"/> 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			
	2005-06	2006-07	2007-08	2008-09	
8a. PERSONAL OR FAMILY SAVINGS					
<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>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>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>NAME OF AGENCY _____</p> <p>Enclose with this form a signed copy of your letter of award.</p>					
TOTAL ▶	\$ _____	\$ _____	\$ _____	\$ _____	

9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

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.

SIGNATURE OF BANK OFFICIAL _____

TITLE _____

NAME OF BANK _____

ADDRESS OF BANK _____

DATE _____

Parent's signature is required (see certification statement above).

SIGNATURE OF PARENT _____

ADDRESS _____

DATE _____

Sponsor's signature is required (see certification statement above).

SIGNATURE OF SPONSOR _____

ADDRESS _____

RELATIONSHIP OF SPONSOR TO STUDENT _____

DATE _____

10. What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3100 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 \$ _____

13. How will you pay for your transportation to the U.S.? _____

14. What is the total amount of money you expect to have when you arrive at this institution? U.S. \$ _____

15. Do you plan to remain in the U.S. during the summer? Yes No

16. If remaining in the U.S., do you plan to attend summer school? Yes No

17. What are the sources and amounts of support available to you during the summer? AMOUNT

SOURCES: _____ U.S. \$ _____
 _____ U.S. \$ _____
 _____ U.S. \$ _____
 _____ U.S. \$ _____

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

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

SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____
 NAME OF INSTITUTION _____
 ADDRESS _____ DATE _____