

MOREHOUSE SCHOOL OF MEDICINE CERTIFICATE OF FINANCES

Return directly to Morehouse School of Medicine, Office of Admissions.

1. **YOUR NAME** Miss Mrs. _____ Mr. _____ 2. Date of Birth ____/____/____

3. **MAILING ADDRESS** _____

4. **EXPECTED** Academic or language training (F) Other (Specify) _____
VISA TYPE Exchange/Visitor Visa (J) None needed (Explain why and attach documentation.)

5. Will spouse and/or children be included on your visa? Yes No

6. If yes, please provide the following information for each: full name, country of birth, and relationship to you, (i.e. wife, husband, son, daughter)

What is the present exchange rate of your currency to the US dollar (for example: 20 pesos = \$1.00)? _____ = \$1.00	What is the total amount of money you expect to have when you arrive at Morehouse School of Medicine? US\$ _____
Does your government currently impose restrictions on exchange or release of currency for study in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe restrictions. _____ _____	Do you plan to remain in the US during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you plan to attend summer school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a source for emergency funds after you arrive in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, name source. _____	If Yes, please refer to the <u>12-month</u> cost listed below.

I certify that the information on this form is accurate and complete. I understand that any misrepresentation may be cause for denying or revoking admission.

SIGNATURE OF STUDENT _____ DATE _____

Ph.D.- First Year		MSBR/BT/MS - First Year		MPH/MSCR – F/T	
Tuition & fees	\$32,657.00	Tuition & fees	\$24,616.00	Per Credit Hour	\$523-700.00
Living expenses	13,320.00	Living expenses	13,320.00	Living expenses	13,320.00
Books	1,344.00	Books	1,344.00	Books	est. 1,400
TOTAL	\$47,321.00	TOTAL	\$39,280.00	TOTAL	\$26,000.50

— over —

Enter amounts in US dollars. PRINT all entries.			OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS
STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT	This is to certify that the information on this form is accurate and that the funds are available and will be provided.
	FIRST YEAR	REMAINING YEARS	
<i>Personal</i> _____ NAME OF BANK			SIGNATURE OF STUDENT _____ DATE: _____
A bank official's verification is required of all support indicated above.			SIGNATURE OF BANK OFFICIAL _____ TITLE OF BANK OFFICIAL _____ NAME OF BANK _____ BANK ADDRESS _____ DATE _____
<i>Parents/Sponsors</i> _____ Print Name _____ Print Name			Sponsor's signature required. SIGNATURE OF SPONSOR _____ ADDRESS _____ RELATIONSHIP OF SPONSOR TO STUDENT _____ DATE _____
A bank official's verification is required of all support indicated above.			SIGNATURE OF BANK OFFICIAL _____ TITLE OF BANK OFFICIAL _____ NAME OF BANK _____ BANK ADDRESS _____ DATE _____
<i>Other</i> Money available from sources other than parents/sponsors/self. _____ Print Name of Source			Sponsor's signature required. SIGNATURE OF REPRESENTATIVE _____ ADDRESS _____ DATE _____
A bank official's verification is required of all support indicated above.			SIGNATURE OF BANK OFFICIAL _____ TITLE OF BANK OFFICIAL _____ NAME OF BANK _____ BANK ADDRESS _____ DATE _____
TOTAL	\$	\$	I certify that the information on this form is accurate and complete. I understand that any misrepresentation may be cause for denying or revoking admission. _____ SIGNATURE OF STUDENT DATE

PLEASE RETURN COMPLETED FORM TO:

Morehouse School of Medicine
Office of Admissions & Student Affairs
720 Westview Dr. S.W.
Atlanta, GA 30310-1495