

CONFIDENTIAL DECLARATION OF FINANCES

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**For International Applicants**

The purpose of this form is to certify that you will have the sum of \$41,000 for your first year of study at Suffolk University exclusive of travel expenses. You should also indicate how you will meet your expenses for subsequent years of study. A certificate of Eligibility (Form I-20 or DS-2019) for a Student (F) or an Exchange (J) Visitor visa will not be issued unless this form is completed and the necessary certifications are obtained. You should make copies of this form and required documents before returning them to Suffolk University, as you will most likely need to show proof of adequate funding to US Consular officials when applying for a visa. If this form is returned to Suffolk University via fax, no I-20 or DS-2019 can be issued until the original form with student signature

is received by the Office of Admission. In computing expenses, you should remember that students holding Student or Exchange Visitor visas will not be authorized to work except under extraordinary circumstances. Therefore, you should not look to employment, either part-time during the academic year or full-time during the summer, as a means of support while at Suffolk University. Under no circumstances are students permitted to work full-time during the academic year. Spouses who accompany students to the US on the F-2 visa are not permitted to accept any kind of paid employment in the US.

All applicants must complete both sides.

PART I: BASIC INFORMATION**A. Name**

LAST (FAMILY) FIRST MIDDLE INITIAL BIRTHNAME (MAIDEN) NICKNAME

Address* (WHERE FORM I-20 SHOULD BE SENT. *VISA CERTIFICATES CANNOT BE SENT TO POST OFFICE BOXES.)

STREET CITY STATE POSTAL/ZIP CODE COUNTRY

PHONE FAX

Degree

Bachelor's Associate Freshman Applicant Transfer Applicant English Language for Internationals (ELI)

Anticipated Major

B. Date of Birth _____
MONTH/DAY/YEAR

Country of Birth _____
CITY/STATE/COUNTRY

Country of Citizenship _____

D. In case of emergency, are there sources of additional funds available to you once you arrive in the US? Yes No

If yes, please specify _____

C. Marital Status

I am am not married.

If married: My spouse will will not join me in the US.

Number of children _____

My children will will not join me in the US.

NOTE: IF YOUR SPOUSE WILL JOIN YOU IN THE UNITED STATES, ADD AN EXTRA \$10,000 TO THE FIGURE WHICH YOU ARE REQUIRED TO CERTIFY. IF YOUR CHILDREN WILL BE JOINING YOU, ADD \$5,000 PER CHILD.

PART II: ESTIMATE OF STUDENT EXPENSES FOR THE 2009-2010 ACADEMIC YEAR

Tuition (ESTIMATED)	\$25,850
Room and Board (ESTIMATED)	12,750
Other: Books and Insurance (ESTIMATED)	2,400
Total	\$41,000



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PART III: SOURCES OF SUPPORT

Instructions: Complete the appropriate boxes to show sources and amounts of anticipated contributions to your educational and personal expenses while you are in the United States. For each source, follow the certification instructions in the box. Include anticipated contributions for each year of required study for your degree.

SOURCES OF FUNDS	ASSURED AMOUNTS IN US \$			
	FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR
Personal or Family Savings — Please print name of bank: <small>(A BANK OFFICIAL'S SIGNATURE IS REQUIRED ON THE CERTIFICATION BELOW IF THE STUDENT IS SUPPORTED IN PART OR WHOLE BY PERSONAL SAVINGS.)</small>	\$	\$	\$	\$
Parents and/or Sponsors — Please print the name of each person: <small>(THE SIGNATURE OF A PARENT OR SPONSOR IS REQUIRED AS A GUARANTOR ON THE CERTIFICATION BELOW IN ADDITION TO A BANK OFFICIAL'S SIGNATURE.)</small>	\$	\$	\$	\$
Your government — Please print name of agency: <small>(ENCLOSE WITH THIS FORM A SIGNED COPY OF YOUR LETTER OF AWARD AND TRANSLATION, IF NECESSARY.)</small>	\$	\$	\$	\$
Suffolk University — (To be filled in by Suffolk University). Type of award: 	\$	\$	\$	\$
Other — Please specify: <small>(ENCLOSE WITH THIS FORM A SIGNED AFFIDAVIT FROM AN AUTHORIZED PERSON TO VERIFY THE ACCURACY OF THIS ENTRY, OR A SIGNED COPY OF YOUR LETTER OF AWARD AND A TRANSLATION, IF NECESSARY.)</small>	\$	\$	\$	\$
Total: <small>EACH OF THESE TOTALS SHOULD EQUAL THE ESTIMATE OF COSTS FOR ONE YEAR ON THE CERTIFICATE OF EXPENSES (\$41,000).</small>	\$	\$	\$	\$

ENTER THE TOTAL AMOUNT OF MONEY YOU EXPECT TO HAVE WHEN YOU ARRIVE AT SUFFOLK UNIVERSITY: US \$ _____

NAME (LAST, FIRST)

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OFFICIAL CERTIFICATION OF SOURCES AND AMOUNTS

I have read the information on this form, and it is a true and accurate statement that the funds indicated are available.

I have read the information on this form, and it is a true and accurate statement that the funds indicated are available and will be provided.

BANK OFFICIAL'S SIGNATURE

GUARANTOR'S SIGNATURE

BANK SEAL OR STAMP

GUARANTOR'S NAME (PRINTED)

BANK OFFICIAL'S NAME (PRINTED)

RELATIONSHIP OF GUARANTOR TO APPLICANT

TITLE

ADDRESS

NAME OF BANK

DATE

ADDRESS OF BANK

A BANK SEAL OR STAMP IS NECESSARY ON THIS FORM. HOWEVER, A LETTER FROM YOUR BANK INDICATING AVAILABILITY OF NECESSARY FUNDS IS ALSO SUFFICIENT. NOTE: A SEPARATE LETTER ON OFFICIAL COMPANY STATIONERY IS ACCEPTABLE PROVIDED FULL INFORMATION IS INCLUDED.

DATE

OFFICIAL CERTIFICATION OF CENTRAL BANK FOR RELEASE OF FOREIGN EXCHANGE

Have this part completed if your government restricts the exchange and release of funds for study in the United States and please explain what the restrictions are:

THIS IS TO CERTIFY THAT THE APPLICANT ON THIS FORM HAS RECEIVED PERMISSION TO RELEASE FOREIGN EXCHANGE FOR STUDY IN THE UNITED STATES.

BANK OFFICIAL'S SIGNATURE

BANK SEAL OR STAMP

BANK OFFICIAL'S NAME (PRINTED)

TITLE

NAME OF BANK

ADDRESS OF BANK

DATE

I certify that the total amount of money (excluding travel funds) available to me for my first academic year in the United States is US \$_____ and that the total amount available for each subsequent academic year of study is US \$_____. Further, I certify that the above information provided is correct and complete.

X

STUDENT'S SIGNATURE

DATE