

Financial Verification Form

INSTRUCTION: Please read the instructions page carefully to properly complete this International Student Financial Affidavit of Support form. Incomplete information or missing supporting documents will delay the processing of your I-20. Submission of this form is required of all full-time non-U.S. students before immigration documents can be issued. U.S. permanent residents are not required to complete or submit this form.

United States visa regulations require all F and J visa holders to provide certified evidence (Affidavit of Support) of adequate funds to meet tuition and living expenses for a proposed program of study. The Affidavit of Support for the first year must have the sponsor’s guarantee of support. Section 3 must bear the seal and signature of a bank official. Alternately, a letter bearing the bank’s seal and signature stating that funds can be transferred may be attached to the affidavit. An I-20 or DS-2019 cannot be issued until an acceptable Affidavit of Financial Support and bank certification have been received by Marian. Financial documents dated more than six months prior to the date of I-20 issuance cannot be accepted. New documents will be required if a student’s affidavit and/or bank certification have expired.

**Marian University bears no financial responsibility should the sponsor withdraw or fail to provide funding.**

**SECTION A: STUDENT INORMATION**

1. Term applying for: ❑ Fall semester ❑ Spring semester Year: \_\_\_\_\_\_\_\_\_\_\_\_
2. Full legal name as listed in your passport *(A copy of your passport must be submitted together with this form)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last name/surname/family name of applicant) (First and middle name)

1. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Gender: ❑ Male ❑ Female

1. Foreign address *(Required)*  7. U.S. address- No P.O. Box allowed

Do you want your I-20 mailed here? ❑yes ❑ no Do you want your I-20 mailed here? ❑yes ❑no

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line 1 Line 1

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Line 2 Line 2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line 3 City State Zip code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code Country Phone Number

**Note: I-20 will not be mailed to you if you are currently in the U.S. AND you are not traveling outside the U.S.**

**SECTION B: DEPENDENT INFORMATION *(if applicable)***

*Please provide financial verification for additional $5,000 per dependent.*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last name, First name Relationship to student (husband, wife, son, daughter) Country of Birth Country of Citizenship Date of birth (month/day/year)*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last name, First name Relationship to student (husband, wife, son, daughter) Country of Birth Country of Citizenship Date of birth (month/day/year)*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last name, First name Relationship to student (husband, wife, son, daughter) Country of Birth Country of Citizenship Date of birth (month/day/year)*

**SECTION C: TRANSFER STUDENTS ONLY**

Complete this section if you have attended another school in the U.S. within the last 6 months or are currently in the U.S. Please submit the following:

* Copy of your valid passport
* Copy of your current visa
* Copy of your I-94 form (front and back)
* Copy of your current I-20 form
* Submit the Transfer In to Marian University form to your previous school.

1. Previous SEVIS ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Name of previous school in the US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of last attendance or date you will complete your final term in previous school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D: STATEMENT OF APPLICATION**

1. Adequate funds are provided for me for each 12 month year I am enrolled at Marian University ❑ yes ❑ no
2. I have adequate funds for my travel to and from the United States ❑ yes ❑ no
3. I have adequate funds to support all dependents who accompany me ❑ yes ❑ no
4. All information listed in the Source of Support section, is true and accurate according to my knowledge ❑ yes ❑ no

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the answers to the questions are true and correct to the best of my knowledge.

(Signature of applicant)

**SECTION E: ESTIMATED COSTS & SOURCE OF SUPPORT**

Direct Costs

Tuition & Fees $28,400.00

Housing $ 8,658.00

*Direct Cost Total: $37,058.00*

Indirect Costs

Personal Expenses $ 1,200.00

Books $ 1,200.00

Health Insurance $ 700.00

Transportation $ 1,000.00

*Indirect Cost Total $ 4,100.00*

**TOTAL COST $41,158.00**

*Please check all sources of assured support for your first year at Marian University and list the amount of assured funds. The total must come to $41,158.00 US dollars or more, which is required for the I-20.*

**First Year’s Assured Support**

1. Applicants Personal Funds U.S. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Family/Personal Sponsors U.S. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sponsor/Agency #2) U.S. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sponsor/Agency #3) U.S. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Government or Other Supporting Agency U.S. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Other (Scholarships, grants, etc) U.S. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Scholarship/grant #2) U.S. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Support U.S. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **CERTIFICATION OF FINANCIAL SUPPORT** | |
| **SECTION 1: CERTIFICATION BY STUDENT**  (Complete Sections 1 and 4 if you will be self-supporting)  I understand that as an International student, I am required to engage in full-time study at Marian and I am only permitted to work on campus in accordance with immigration regulations. Marian is not obligated to provide me with employment during the period of my enrollment. Marian does not have sufficient employment opportunities to accommodate all international students. I further understand that other opportunities to work in the U.S. are limited by law.  I certify, as indicated below, that I have arranged for financial support equivalent to the number of semesters that my degree program requires. In addition, I have arranged for all travel expenses and for support of my dependents if applicable) while they are in the United States | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Student  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name *(underline your last/surname/family name)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Marian Applicant Identification Number *(will be provided )*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department/Major on Application  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Term of Entry (e.g., Fall 2012) Total # semesters at Marian |
| **SECTION 2: CERTIFICATION BY SPONSOR/S**  (Complete Sections 1, 2, and 4 if you will receive support from a sponsor.)  This is to certify that I (or my agency or sponsor) hereby assumes full financial responsibility for a minimum of $39,860.00 USD per year (subject to annual increases) for the student during his/her period of intended academic study.  Each sponsor or agency must provide:   1. A personal letter verifying his/her intention to provide support of the applicant and include in letter addressed to Marian University that, “I accept personal responsibility to provide funds in the amount of U.S. $\_\_\_\_\_\_\_ per year to support (Name of applicant) at Marian University until the date\_\_\_\_. My total resources available for the applicant are U.S. $\_\_\_. “ 2. An official letter/bank statement from the bank in which the sponsor has a current account. This letter must be include the following items: name of the account holder, date account was opened, average monthly balance of account during no more than 6 months old.   I further certify by the attached bank statement or certification that necessary arrangements can be made to have the above specified U.S. dollar amount transferred to the United States during the student’s period of intended academic study. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Sponsor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Sponsor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Student  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Sponsor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Sponsor Line 2  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone/Fax of Sponsor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email of Sponsor  *Please attach above information for all sponsors.* |
| **SECTION 3: CERTIFICATION BY GOVERNMENT**  (Complete Sections 1 and 3 if you are sponsored by the government)  Governments must verify their support of the applicant with:   1. A letter stating: the name of the applicant, the name of the school the applicant will attend while receiving funds, the amount of funds and length of time the funds will be available to the applicant, and the personal signature of the agency representative.   Note: Conditional acceptance is available if financial guarantee from government is not available until  offer of acceptance is provided to student.  In accordance with sponsoring governments, student grades, major changes, and other relevant information will be shared with student’s advisor through the sponsoring government. If you agree to this, please check yes below:  ❑ Yes, I agree ❑ No, I do not agree | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sponsoring Government  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Agency Representative/advisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title of Agency Representative/advisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email of Agency Representative/advisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone # of Representative/advisor |
| **SECTION 4: CERTIFICATION BY BANK**  This is to certify that I (or sponsor) has, or is expected to have, the U.S. dollar amount specified on this affidavit available, free from government restrictions of a minimum of $\_\_\_\_\_\_\_\_ USD per year (subject to annual increases) exclusive of travel expenses, to support the student during his/her period of indeed academic study.  *Orinigal bank statements no less than 6 months old must be submitted if student, family member,*  *or sponsor will be providing funds.* |  |

**SECTION F: STUDENTS SIGNATURE:** I certify that all information given above is true and correct.

**Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**