

# 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 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 on the College Board.**

The space below is for optional use by issuing institutions for listing student's expected annual budget.

Please complete the entire sections of this Certificate of Finances Form to designate the sources of funds to cover your expected expenses for Fayetteville State University. Assurance of funds is required before an I-20 can be approved.

Fayetteville State University Cost of Attendance	MBA Graduate (2 semesters)	Undergraduate (Off Campus) (2 semesters)	Undergraduate (On Campus) (2 semesters)
Non-Resident (Tuition and Fees)	\$15,981 + \$2,668	\$7,000 + \$2,906	\$7,000 + \$2,906
Living Expenses (Room/Board and Personal)	\$10,143*	\$10,143*	\$13,416
Textbooks + Supplies	\$1,350	\$1,284	\$1,284
Medical Insurance	\$2,793	\$2,454	\$2,454
<b>Total for One Academic Year (2 semesters)</b>	<b>\$31,935</b>	<b>\$23,787</b>	<b>\$27,060</b>

\*Estimation living off campus without dependents

Applicants with spouse/child(ren) must show additional certified funds of at least \$5000 for spouse/child(ren) per year.

THE COLLEGE BOARD

COLLEGE SCHOLARSHIP SERVICE® • INTERNATIONAL EDUCATION

**INTERNATIONAL STUDENT CONFIDENTIAL  
CERTIFICATION OF FINANCES**

1. YOUR NAME	Mr. Ms. Mrs. Mis	FAMILY (Surname)	GIVEN (First)	MIDDLE	MONTH	DAY	YEAR	7. EXPECTED VISA TYPE M Academic or language training (F) M Non-academic vocational (M) M Exchange visitor (J) M Immigrant (PR) M Diplomatic or official (A or G) M Other (Specify.) _____	
2. PERMANENT ADDRESS	_____							5. PLACE OF BIRTH (country)	_____
3. MAILING ADDRESS (If different from above)	_____							6. COUNTRY OF CITIZENSHIP	_____

8. Enter the expected amount of annual support from the sources listed below. Enter amounts in US dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

STUDENTS' SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT			
	FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR	
8a. PERSONAL OR FAMILY SAVINGS					
NAME OF BANK _____  <b>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</b>					
8b. PARENTS					
Money available from sources other than savings.  FATHER'S NAME _____ MOTHER'S NAME _____ Please describe the source: _____					
8c. SPONSORS					
Money available from sources other than parents.  SPONSOR'S NAME _____ SPONSOR'S NAME _____ Please describe the source: _____					
8d. YOUR GOVERNMENT					
NAME OF AGENCY _____ <b>Enclosed with this form is a signed copy of your letter of award.</b>					
<b>TOTAL ©</b>	\$	\$	\$	\$	

**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 US 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.? M Yes M No  
If YES, describe restrictions. \_\_\_\_\_

12. Do you have a source for emergency funds once you arrive in the U.S.? ..... M Yes M No  
If YES, name source. \_\_\_\_\_ Amount available in US 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? ..... US \$ \_\_\_\_\_

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

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

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

SOURCES: \_\_\_\_\_ US \$ \_\_\_\_\_  
 \_\_\_\_\_ US \$ \_\_\_\_\_  
 \_\_\_\_\_ US \$ \_\_\_\_\_  
 \_\_\_\_\_ US \$ \_\_\_\_\_

18. A CERTIFICATE OF ELIGIBILITY (Form I-20 or IAP-66) will not be authorized until any 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 misrepresentation may be cause for refusing or revoking admission.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_



## Affidavit of Support

To Whom It May Concern:

This is to certify that I, \_\_\_\_\_, the \_\_\_\_\_  
Sponsor Name Relationship to student

of \_\_\_\_\_, am financially able and willing to support  
Student Name

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for his/her  
Student name U.S. Dollars

study at Fayetteville State University.

Evidence of my financial resources is attached for your reference. The evidence or  
bank statement is no older than two months.

\_\_\_\_\_  
Family/Sponsor's Signature MM / DD / YYYY

**To complete this process, please have this form notarized; AND  
attach a bank statement no older than two months.**

Fayetteville State University  
Office of International Programs

1200 Murchison Road, Fayetteville, NC 28301

**THIS FORM MUST BE COMPLETED BY THE DSO OF ALL STUDENTS TRANSFERRING FROM A U.S. SCHOOL TO FSU.**

**DSOs: THIS IS NOT THE I-20 TRANSFER FORM**

**I-20 Verification Form**

**STUDENT: PLEASE COMPLETE THIS SECTION**

Student Name (please print): \_\_\_\_\_

Student last date of attendance at your school: \_\_\_\_\_

SEVIS ID number: \_\_\_\_\_

**DSO: PLEASE COMPLETE THIS SECTION**

Current immigration status:

To the best of my knowledge, this student is in status and is eligible to transfer to FSU.  Yes  No

To the best of my knowledge, this student is out of status and is not eligible to transfer to FSU.  Yes  No

To the best of my knowledge, this student's I-20 is in active status.  Yes  No

If student is out of status, has reinstatement been filed?  Yes  No

Did the student complete a degree program during his/her attendance at your school?  Yes  No

Has the student met all financial obligations?  Yes  No

Has the student maintained full-time status?  Yes  No

Name and title of person completing this form: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address of institution: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone & Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DSO/Advisor Signature: \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:

Fayetteville State University, Office of International Programs, 1200 Murchison Road, Fayetteville, NC 28301

You may email:

[dvasquel@uncfsu.edu](mailto:dvasquel@uncfsu.edu)

Office: 910-672-1957