



OFFICE OF INTERNATIONAL PROGRAMS
INTERNATIONAL STUDENT ADMISSIONS

CERTIFICATION OF AVAILABLE FINANCES 2008-09: GRADUATE

According to the U.S. Department of Homeland Security regulations, Creighton University is required to obtain certification that applicants have funds to cover expenses for their studies. To receive an I-20, you must complete this Certification of Available Finances and include the required documents. Please print.

PERSONAL INFORMATION

YOUR NAME: family name / first (given) name / middle name DATE OF BIRTH: month / day / year
COUNTRY OF BIRTH: COUNTRY OF CITIZENSHIP:
COUNTRY OF RESIDENCE: MAILING ADDRESS:

REQUIRED FINANCIAL SUPPORT FOR THE ACADEMIC YEAR (9 MONTHS):

Table with 2 columns: Expense Category and Amount. Rows include Tuition (8 credit hours per semester) & Fees (\$ 11,260), Room and Board (8,840), Other (Estimated costs for health insurance, books, supplies, entertainment, transportation, etc.) (4,450), and TOTAL (\$ 24,550).

IMPORTANT:

Spouse/Dependents: If you plan to bring your spouse and children with you as dependents, you must provide evidence of additional financial support for each person. We estimate the additional cost to be \$6,000 per year for a spouse and \$3,000 per year per child.

Room and Board: The estimated costs for room are calculated on the basis of a 12-month contract for a double-occupancy apartment. The board costs are estimated on the basis of meals for a nine-month period.

Summer Expenses: If you are planning to stay in the U.S. during the summer, be sure to include room, board, local transportation, and personal expenses to your annual budget. If you plan to attend summer school, add tuition, fees, books, and other costs to the nine-month budget above.

Health Insurance: Creighton University requires that all students holding F-1 visas continuously enroll in its health insurance plan. Therefore, the "Other" costs listed above include health insurance premiums for 12 months. Besides paying for the customary and reasonable expenses for any medically necessary covered medical expenses, the plan includes medical evacuation and repatriation of remains.

CERTIFICATION OF EXCHANGE RATES AND CURRENCY RESTRICTIONS

What is the present exchange rate of your currency to the US dollar (for example: 20 Pesos=US\$1)? \_\_\_\_\_ = US\$1

Does your government currently impose restrictions on exchange or release of currency for study in the U.S.? [ ] YES [ ] NO

If YES, describe restrictions: \_\_\_\_\_

After completing this form (front and back), please return it with all supporting documentation to

Creighton University
Office of International Programs
2500 California Plaza
Omaha, NE 68178
USA

## CERTIFICATION OF APPLICANT'S SOURCES OF FUNDS

### INSTRUCTIONS

Funds may come from personal finances, family or sponsors both in the U.S. and abroad. Funding may come from one source or a combination of sources. Documentation from you and/or your sponsor(s) must indicate funds available **for your first year of study**. You must also estimate the amount of money available and the source of these projected funds for the remainder of your studies.

After completing this form (front and back), return it to the Office of International Programs with the appropriate **original supporting documents**. **Photocopies or faxes are not accepted**. These are the required supporting documents:

- **Bank statement** describing the account activity: The date of issue must be within 3 months of the date we receive your application.
- or
- **Official letter from the bank** verifying that the account owner has sufficient financial resources to cover the promised support during the applicant's enrollment at Creighton University.
- and/or
- **A letter of sponsorship** (if applicable) which lists the costs and expenses the sponsor will pay. The letter must be written on official letterhead and include the name, position and signature of the person authorizing the support.

Please check your sources of funds and the amount in U.S. dollars each will provide:

	ASSURED SUPPORT 1 <sup>ST</sup> Year of Studies	PROJECTED SUPPORT Remaining Years
<input type="checkbox"/> PERSONAL FUNDS	\$ _____	_____
<input type="checkbox"/> FAMILY FUNDS	\$ _____	_____
<input type="checkbox"/> OTHER FUNDS	\$ _____	_____
<input type="checkbox"/> SPONSOR'S FUNDS	\$ _____	_____
<b>TOTAL SUPPORT FROM ALL SOURCES</b>	<b>\$ 24,550</b>	_____

### AFFIDAVITS OF SUPPORT

**1. PERSONAL FUNDS (If you are financially responsible for yourself, sign the statement below and attach a bank statement)**

"I have read the information in this Certification of Available Finances regarding the cost of tuition and living expenses for my period of study at Creighton. I certify that these funds are available (see documents provided by my bank) and I accept full responsibility for these expenses."

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**2. FAMILY FUNDS (The relative who is financially responsible for you must sign the statement below and attach a bank statement)**

"I have read the information in this Certification of Available Finances regarding the cost of tuition and living expenses for the period of study at Creighton. I certify that these funds are available (see documents provided by my bank) and I accept full responsibility for these expenses."

Name of Person Financially Responsible: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Relationship to the Applicant: \_\_\_\_\_

**3. OTHER FUNDS (Individual[s] in the U.S. or abroad, other than family members, who will be financially responsible for you must sign the statement below and attach a bank statement)**

"I have read the information in this Certification of Available Finances regarding the cost of tuition and living expenses for the period of study at Creighton. I certify that these funds are available (see documents provided by my bank) and I accept full responsibility for these expenses."

Name of Person Financially Responsible: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Relationship to the Applicant: \_\_\_\_\_

**4. SPONSOR'S FUNDS**

If you will be sponsored by a company, agency, foundation, government agency, or a Creighton University Department, please attach a letter from the sponsor listing all the cost and expenses the sponsor will pay and the period of time covered by the support. The letter must be written on official letterhead, include the name, position and signature of the person authorizing the support, and addressed to the Office of International Programs, Creighton University.

Name of Sponsoring Company, Agency, Foundation or Government Agency: \_\_\_\_\_

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

SIGNATURE OF THE APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_