

CERTIFICATION OF AVAILABLE FINANCES 2007-08: PROFESSIONAL

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: _____ / _____ / _____ DATE OF BIRTH: ____/____/____
family name first (given) name middle name month day year

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

COUNTRY OF RESIDENCE: _____ MAILING ADDRESS: _____

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

	DENTISTRY	LAW	OCCUPAT. THERAPY	PHARMACY	PHYSICAL THERAPY	MEDICINE
Tuition & Fees 1 st yr	\$40,588	\$25,820	\$24,356	\$27,404	\$24,356	\$41,990
Tuition & Fees 2 nd yr	\$40,588	\$25,820	\$24,356	\$27,404	\$36,025*	\$41,990
Tuition & Fees 3 rd yr	\$40,588	\$25,820	\$36,025*	\$27,404	\$36,025*	\$41,990
Tuition & Fees 4 th yr	\$40,588	\$25,820	\$24,356	\$39,918*	\$36,025*	\$41,990
Room & Board	8,840	8,840	8,840	8,840	8,840	8,840
Other	4,240	4,240	4,240	4,240	4,240	4,240
TOTAL (minimum)	\$53,668	\$38,900	\$37,436	\$40,484	\$37,436	\$55,070
TOTAL (maximum)	\$53,668	\$38,900	\$49,105	\$52,998	\$49,105	\$55,070

**Tuition based on 3 semesters*

IMPORTANT: *These costs are approximate; some programs may require additional fees.*

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.

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 want to attend summer school, add tuition, fees, books, and other costs to your nine-month budget.

Health Insurance: Creighton University requires that all international students continuously enroll in its insurance plan. It pays customary and reasonable expenses for any medically necessary covered medical expenses and includes medical evacuation and repatriation of remains costs.

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 ST 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	\$ _____	_____
TOTAL SUPPORT FROM ALL SOURCES	\$ _____	_____

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 or government agency, 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 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: _____ / _____ / _____