

Please attach
a recent photograph
in this space.



Certification of Financial Responsibility

**DO NOT WRITE
IN THIS SPACE**

App: _____
Date: _____

NOTE: This form is not an application for admission but is **required** supplementary information. Form I-20 or IAP-66/DS2019, used for the issuance of a visa, cannot be issued to you until you have been admitted to the University of Florida **and** you have completed this form satisfactorily and returned it to this office. This form is valid for **ONE YEAR ONLY** from date of signature. **Unsigned** forms will **not** be accepted.

Return To: UF International Center (UFIC), P.O. Box 113225, 123 Grinter Hall, Gainesville, Florida 32611-3225, USA.
For additional information, refer to Web site: www.ufic.ufl.edu

Name: _____
*family name *first name middle name suffix (i.e., Jr, II)

*Foreign address: _____
*number & street apt# *city *postal code *state/province *country

*US Address: _____
(if in the US) *number & street apt# *city *state *postal code

*Date of birth: _____ Phone number in U.S. (_____) _____ *Email Address _____
month/day/year

*Country and city of birth: _____

*Country of citizenship: _____

Permanent Residence: _____

If you are in the U.S.A., what is your Visa type? (F-1, J-1, etc.) _____

I-94 expiration date: _____
month/day/year

If F-1, indicate your immigration identification number Form I-94:

_____ -- _____

What is/was your occupation in your home country? _____

student, professor, engineer, etc.

Intended major field
of study at the university _____ Degree _____
sought: _____
B.A., B.S., M.A., M.S., Ph.D., etc.

Marital Status: _____ Single _____ Married Number of Children _____

When do you plan _____ August, How long do _____ One Year
to enter the _____ January, you plan to _____ Two Years
university? _____ May, stay at the _____ Three Years
_____ June, university? _____ Four Years
_____ More Than Four Years

Father's name: _____ Father's occupation: _____

Mother's name: _____ Mother's occupation: _____

Number of brothers and sisters: _____

How many brothers and sisters are now or will be studying in the United States? _____

List the following information for all dependents you plan to bring with you:

Name (Last, First, Middle) Relationship Date of Birth Country of Birth Citizenship Visa Type

List names and addresses of any close relatives living in the USA:

*Mandatory fields - Must be completed

We require *proof* of financial support for the first year-Graduate \$27,125; Undergraduate \$23,140. These figures are subject to change and do not include your travel expenses. You should also indicate how you will meet your expenses for subsequent years of study if your program requires more than two years. When computing expenses, remember that students holding student (F) or exchange (J) visas will not be authorized to work off campus. Therefore, applicants should not look to employment, either part-time during the academic year or full-time during the summer, as a significant means of support while at the University of Florida. Under no circumstances are students permitted to work full-time during the academic year. **Only students holding an F-1 or J-1 visa may be eligible to receive a graduate assistantship. Students with a J-2 visa may receive an assistantship with employment authorization from Immigration Service.**

If you are a married applicant who plans to bring your spouse and/or children, you must certify funds for a minimum of an additional \$3,000 per academic year for your spouse and \$1,500 for each child. Health and accident insurance is **mandatory** for all students registered at the University of Florida. The cost per year for a **single** student would be \$665 - \$890; for a family with two children, the cost is \$3,000 or more per year.

You may need this documentation to prove to the United States Consular Operations that you have sufficient funds. We suggest, therefore, that you make copies of all documents for this purpose.

PLEASE PRINT OR TYPE(except signatures)

Sources of Financial Support	AMOUNTS IN U.S. DOLLARS			
	First Year	Second Year	Third Year	Fourth Year
1. Personal and/or family savings (a bank official's notarized signature below or on an attached letter of certification is required if the applicant will be supported in whole or in part by personal family savings. Support is offered for a total of _____ years or time required to complete one degree.	\$_____	\$_____	\$_____	\$_____
2. Government Sponsor (Print name of agency)	\$_____	THIS SPACE IS FOR		

_____		NOTARY STAMP AND SIGNATURE
(Enclose signed copy of letter certifying sponsorship)		
3. University of Florida Assistantship (If awarded, copy of letter from department must be sent to the Center for International Student and Scholar Services.)	\$ _____	
4. Other (Specify below and enclose a signed certification.)		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

THE SECTION BELOW MUST BE COMPLETED BY ALL APPLICANTS
BANK AND SPONSOR'S OFFICIAL CERTIFICATION OF SOURCES OF FUNDS
(Either Bank official's signature and stamp/seal or bank statement/letters verifying funds)

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available and will be provided as specified:

Parent or sponsor's signature _____ Date: _____

Parent or sponsor's name (PRINT): _____

Relationship of sponsor to applicant: _____

Address: _____

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available:

Bank official's signature: _____ Title: _____

Bank official's name (PRINT): _____ Date: _____

(Verify with bank's stamp or seal)

Name and address of bank: _____

I certify that the information I have provided is correct and complete and that I shall not require additional financial assistance from the University of Florida. If any of the information changes prior to my enrollment at the University of Florida, I will immediately notify the UF International Center. I understand that making false or fraudulent statements within this Certification of Financial Responsibility may result in disciplinary action.

Applicants Signature: _____ Date: _____