

Certificate of Financial Responsibility

The U.S. Citizenship and Immigration Service requires that every international student verify the availability of funds to pay for educational and living expenses before an I-20 or DS-2019 form can be issued. An I-20 or DS-2019 is used to obtain a visa to enter the U.S.

Please complete and return this form with your completed International Undergraduate Application for admission.

Applicant Information: (Please Print)

 Family Name First Middle Maiden/Former Name

I verify that I have resources available to meet the tuition and fees, room and board, books and supplies, and personal and health expenses. I understand that the costs listed below are estimates and are subject to change without notice. Falsification of my financial status in order to obtain a Certificate of Eligibility (I-20/DS-2019) is a violation of United States law and may subject me to revocation of my visa. I permit The University of Montana to release information to third parties about my application or financial records if misrepresentation is suspected or confirmed.

Signature _____ Date _____

Estimated Expenses for One Academic Year

Tuition and Fees	\$21,065	Add \$1,500 for summer break
Room and Board	\$7,564	Add \$3,000 for spouse
Miscellaneous*	<u>\$2,500</u>	Add \$1,500 for each child
	\$32,436	*books/supplies/health insurance ect..

Sources of Funds	Amount in U.S. Dollars
<input type="checkbox"/> Self-Support Please attach a statement from a bank official on bank's stationary verifying the amount you indicate.	\$
<input type="checkbox"/> Parents or Individual Sponsors Your sponsor must sign the certification portion below. Please attach a statement from the sponsor's bank verifying his/her ability to provide you with the funds you indicate.	\$
<input type="checkbox"/> Your Government or Other Sponsoring Agency Enclose with this form a signed copy of your letter of award, specifying the current date, the dollar amount, and the exact starting date and length of the grant.	\$
<input type="checkbox"/> I will work at UM while attending classes	\$4,000
<input type="checkbox"/> Other: _____ Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.	\$
TOTAL (in U.S. Dollars)	\$

All financial documents must be in English and must have a signature, official seal, or be on letterhead from an official agency. Documents must be dated within 6 months of receipt.

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 in U.S. currency and will be provided as required.

 Signature of Sponsor Date Relationship to Student

 Print Name: Last First Middle Initial

 Sponsor's Address

Dependents

Will any dependents accompany you during your stay at The University of Montana?

No

Yes (if yes please complete the table below)

You must complete this section if you intend to bring dependents with you. You must be prepared to provide proof to the consular official of sufficient funding for each accompanying dependent.

Last Name	First Name	Birthdate mm/dd/yyyy	Country of Birth	Country of Citizenship	Gender	Relationship

Total Expenses of Dependents \$_____