

DIRECTIONS: Please complete the following information and submit electronically to rharada@ndnu.edu along with all documents listed in Section FIVE. Documentation may also be submitted by fax 650-508-3426 or sent by mail to Notre Dame de Namur University, International Students Office, 1500 Ralston Avenue, Belmont, CA, 94002 USA.

As required by federal law, this form is designed to verify your ability to pay for the costs of your studies, and related expenses at NDNU, for one academic year. This form, and all required documentation, must be before issuing of your I-20.

Costs are estimated for an average student for one academic year of study based on the current year tuition rates for the fall and spring semesters. Please keep in mind that this is an estimate, and costs may vary depending on your housing preferences, number of semester hours taken during any particular semester, and personal living expenses. For the full tuition and fee schedule, visit <http://www.ndnu.edu/admissions/tuition-fees/>. Estimated annual expenses for the next academic year will be available on February 1.

Please keep the following points in mind when submitting financial documentation with this form:

- All supporting financial documents/bank statements must be dated from within six months of your application, and must contain the logo and/or seal of the bank, your (or your sponsor's) full name, and the amount of funds available.
- All bank statements and documents must be in English, or be officially translated into English. However, the amount of funds listed on statements may be in the currency of your home country, and does not need to be listed in U.S. Dollars.
- Electronic bank statements are acceptable, as long as they contain the issue date, the logo and/or seal of the issuing bank, your (or your sponsor's) full name, and the amount of funds available. While electronic bank statements are acceptable, "screen shots" of online banking sessions will **not** be accepted.
- In lieu of bank statements, you may submit a letter from your bank (on official bank letterhead) containing the issue date, your (or your sponsor's) full name, the length of the relationship with the financial institution, and the amount of funds available. Such letters must bear an official bank signature and bank seal.
- Scholarship letters/financial guarantees must contain an issue date, your full name, and the date the scholarship goes into effect.
- Real estate titles, stocks/investments that are not liquidable, lines of credit, salary statements, and loans **are not acceptable for the purposes of this form.**

SECTION ONE: PERSONAL INFORMATION

Name: _____
Family (Surname) Name First (Given) Name Middle Name

Date of Birth (mm/dd/yyyy): _____ Email: _____

Phone Number: _____

Permanent Home Country Address: _____

Country of Birth: _____ Country of Citizenship: _____

Address in the United States (if applicable): _____

SECTION TWO: ESTIMATED EXPENSES/SOURCES OF FUNDING

Estimated Annual Expenses for the 2017-2018 Academic Year:

Undergraduate		Graduate		Doctorate	
Tuition & Fees	\$34,200	Tuition & Fees	\$16,200	Tuition & Fees	\$17,900
Housing & Meals	\$13,700	Housing & Meals	\$13,300	Housing & Meals	\$13,300
Books & Supplies	\$1,900	Books & Supplies	\$950	Books & Supplies	\$950
Personal Expenses	\$4,400	Personal Expenses	\$4,400	Personal Expenses	\$4,400
Health Insurance	\$1800	Health Insurance	\$1800	Health Insurance	\$1800
Total:	\$56,000	Total:	\$36,650	Total:	\$38,350
For each Dependent add:	\$5,000	For each Dependent add:	\$5,000	For each Dependent add:	\$7,500

- ❖ Undergraduate Housing & Meals expense is based on Double Room/Triple Apartment and 15 meals per week. Health Insurance cost is based on the previous academic year.
- ❖ If you have dependents (spouse and/or children) that will come with you, please complete Section FOUR.

Your financial support can come from your personal funds, sponsoring friend or family member funds, from government and/or institutional scholarships, or from a combination of these sources. Your financial resources must meet or exceed the estimated totals listed above. **Please complete each section that applies to your sources of funding:**

Personal Funds: _____ **USD**
(Amount in U.S. Dollars)

Please read and affirm:

I shall have sufficient funds available to pay all my necessary annual expenses in the amount indicated above this statement, and I shall further be able to pay for travel to and from my home country. I certify that the statements made on this form are true. Also, I understand that I shall not receive any need-based financial aid from Notre Dame de Namur University.

Signature: _____ Date: _____

Sponsor Funds: _____ **USD** (please use separate page for additional sponsors)
(Amount in U.S. Dollars)

Sponsor's Full Name: _____ Relationship: _____

Sponsor's Full Address: _____

Sponsor's Phone: _____ Sponsor's Email: _____

Please have sponsor read and affirm:

I hereby certify that I am willing and able to provide the amount indicated above this statement annually to meet all direct and related expenses incurred during his/her studies at Notre Dame de Namur University, should that person require access to these funds. I authorize the release of supporting financial documents, and I certify that the information contained within the supporting documents is accurate.

Signature: _____ Date: _____

Government/Institutional Scholarships: _____ **USD**
(Amount in U.S. Dollars)

Name of Sponsoring Institution: _____

Please provide a copy of your scholarship letter from the government agency or institution sponsoring your studies.

SECTION THREE: VISA INFORMATION

Please complete this section only if you are currently residing in the United States.

Current Visa Type: _____ Visa Expiration Date (mm/dd/yyyy): _____

If you have previously held or currently hold an I-20, please provide the following:

Institution issuing the I-20: _____

Your SEVIS ID Number: _____

Current I-20 Expiration/Program Completion Date: _____

SECTION FOUR: DEPENDENT INFORMATION

Dependent 1 Information

Name in Passport: _____
Family (Surname) Name First (Given) Name Middle Name

Date of Birth (Month/Day/Year): _____

Dependent Country of Birth: _____ Dependent Country of Citizenship: _____

Your Relationship to Dependent: _____

Dependent 2 Information

Name in Passport: _____
Family (Surname) Name First (Given) Name Middle Name

Date of Birth (Month/Day/Year): _____

Dependent Country of Birth: _____ Dependent Country of Citizenship: _____

Your Relationship to Dependent: _____

Please use separate page for additional dependents

SECTION FIVE: DOCUMENT CHECKLIST

Required documents to send in with this form:

- Proof of Financial Support (for example, a bank verification of funds or government sponsorship letter)
- Copy of your passport identification page
- Copy of your dependents passport identification page (if applicable)
- English proficiency test score report or English language school certificate (if not already submitted)

If you are currently enrolled at another institution within the United States and will be transferring to NDNU, please submit copies of the following documents:

- Current visa
- Most recent I-94 form
- Most recent I-20 issued to you at your previous institution
- Employment Authorization Card (if you are currently on OPT)

Do you have questions about this form? Please contact the International Students Office by email at rhara@ndnu.edu.