

Notre Dame de Namur University
International Student Certificate of Finances
2008-2009 Academic Year

To be completed only if you are an international applicant admitted to NDNU:

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

Permanent Home Country Address: _____

Date of Birth: _____ Birthplace: _____

Country of Citizenship: _____

NDNU Intended Academic Program: _____ Undergraduate: ___ Graduate: ___

PROOF OF FINANCIAL RESOURCES BY THE STUDENT OR SPONSOR

Proof of financial support must be equal to or exceed the total annual budget listed below. Any NDNU merit-based scholarships will be used in calculating financial support to meet the budget.

Each student and/or each sponsor must provide a statement of bank account balance (translated in U.S. currency) and the length of relationship with the financial institution, printed on the bank's letterhead. The Certificate of Finances will not be complete until this documentation is received.

Undergraduate Full-Time Estimated Budget

Tuition & Fees	\$25,500
Books & Supplies	\$1,560
Housing & Meals	\$10,680
Personal Expenses	\$3,150
Health Insurance	\$1,230
<i>Total=</i>	<i>\$42,120</i>

Graduate Estimated Budget

Tuition & Fees	\$12,600
Books & Supplies	\$1,560
Housing & Meals	\$10,680
Personal Expenses	\$3,150
Health Insurance	\$1,230
<i>Total=</i>	<i>\$29,220</i>

Please read and affirm:

I shall have sufficient funds available to pay all my necessary annual expenses in the amount indicated above, and 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 and correct. Also, I understand that I shall not receive any need-based financial aid or other financial assistance from Notre Dame de Namur University.

Signature: _____ Date: _____

(Over)

STATEMENT OF FINANCIAL SUPPORT IF THE STUDENT IS NOT ABLE TO SELF-SUPPORT NDNU'S COST OF ATTENDANCE

The above named student will be supported by me during the period of his/her studies in the United States at Notre Dame de Namur University in respect to college tuition, board and lodging, medical or hospital expenses, and/or any other financial need.

Sponsor's Signature: _____

Sponsor's Printed Name: _____

Sponsor's Complete Address & Phone: _____

Amount of support/academic year: US\$ _____

VISA INFORMATION

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

What type of VISA do you currently hold? _____ Expiration Date: _____

If you previously received a Certificate of Eligibility for Non-Immigrant Students, provide the following:

Institution issuing the Certificate: _____

Admission Number: _____ Date: _____

Country of Birth: _____

Country of Citizenship: _____

REQUIRED DOCUMENTS

- ____ Photocopy of VISA stamped on passport
- ____ Photocopy of both sides of the I-94 form
- ____ If you have previously been issued a Certificate of Eligibility for Non-Immigrant Students, a photocopy of both sides of the Certificate
- ____ Proof of Financial Support from the bank(s) of the student and/or any sponsors

PLEASE RETURN THIS FORM AND REQUIRED DOCUMENTATION TO:

Notre Dame de Namur University
Office of Enrollment
1500 Ralston Avenue
Belmont, CA 94002
USA