

COA Financial Certification Form for International Students 2016-2017

1. Surname _____ First name _____ 2. Gender: ☐ M ☐ F 3. DOB (day/mo./yr.) ____/____/____

4a. Home address: _____ 5. Country of Birth _____ 6. Citizenship _____

_____ 4b. Mailing address, if different _____

Please fill in the following information completely. ***Do not leave blank spaces!*** (Enter N/A, \$0, or not known, if appropriate)

PLEASE ENTER FIGURES BELOW IN US DOLLARS (\$). Name of your currency: _____ Exchange rate applied: _____ = \$1

Sources of funding	Confirmed: 2016--2017	Estimated: 2017-2018	Estimated: 2018-2019	Estimated: 2019-2020	Signatures
7. Parent's contribution* _____ Father's name _____ Mother's name					_____ Parent signature _____ Date
8. Student contribution					_____ Student signature _____ Date
9. Other Sponsor _____ Describe relationship or agency					_____ Sponsor signature _____ Date
10. Government contribution _____ Describe source					Attach documentation

***11. OFFICIAL BANK CERTIFICATION:** I hereby certify that I have reviewed the information provided above in #7 and deemed that said funds are confirmed as currently available in an account(s) at our institution.

Bank official signature _____ Date _____ Official Seal or Stamp _____

12. Funds for other expenses

- A. How will you pay for your transportation to the college? _____
- B. How much money do you expect to have with you upon arrival at the college? _____
- C. Do you plan to return home in the summer? ☐ Yes ☐ No
- D. If you plan to spend the summer in the States, how will you support yourself? _____
- E. Do you have a source for emergency funds if needed? ☐ Yes ☐ No If yes, from what source? _____ In what amount? _____

13. CERTIFICATION SIGNATURES: STUDENT AND SCHOOL OFFICIAL

Student: I hereby certify that all of the information on this form is complete and accurate and that any misrepresentation may jeopardize my admission and visa status.

Student signature Date

An I-20 cannot be authorized without this signed, completed form having been submitted to the College.

COA School Official: I have reviewed the information on this form and additional documentation if applicable and approve the issuance of a Certificate of Eligibility.

School Official signature Date Title Name of institution and address