

Affidavit of Financial Support

PLEASE NOTE: It is the student's responsibility to demonstrate that funding is available to meet all University expenses. An I-20 cannot be issued without this form and the supporting financial documentation. If you have more than one sponsor, a separate financial statement must be submitted. Photocopies of this form may be made for completion by each sponsor. Please make copies of all financial documents as you will need them to show proof of adequate funding to U.S. Consular officials when you apply for a visa. **THIS FORM MUST BE NOTARIZED ON THE BACKSIDE.**

1. STUDENT NAME- PLEASE PRINT YOUR NAME THE WAY THAT IT APPEARS ON YOUR PASSPORT

FAMILY SURNAME MIDDLE LAST

TO BE SIGNED BY THE STUDENT: I CERTIFY THAT THE STATEMENTS GIVEN BY ME IN THIS FORM ARE COMPLETE AND ACCURATE. FURTHERMORE, I TAKE ALL FINANCIAL RESPONSIBILITIES SHOULD MY SOURCE OF FUNDING, AS SPECIFIED BELOW, BE INTERRUPTED OR STOPPED.

STUDENT SIGNATURE DATE

2. SOURCE OF FUNDS: Please identify the source(s) and amount of funds available. All funds pledged in sponsorship of a student must be verified by the document(s) listed on the back of this page.

	Amount Provided
Self- Sponsored: complete the form below indicating yourself as the sponsor. Submit an original bank statement, no more than 60 days old, verifying the amount that is available.	
Family Funds: The sponsor must complete the form below. Submit an original current bank statement.	
Government/Company Sponsor- submit a letter on official letterhead that includes your name and indicates in detail which costs will be provided by you. Student must submit additional documentation for those costs not provided.	
Other (specify): The sponsor must complete the section below. Submit an original current bank statement, no more than 60 days old, verifying the amount that is available.	

2. SPONSOR: This section must be completed by the sponsor.

FAMILY SURNAME MIDDLE LAST

STREET ADDRESS CITY

STATE ZIP COUNTRY RELATION TO STUDENT

THIS IS TO CERTIFY THAT I, THE SPONSOR _____ WILL PROVIDE FUNDS, PER
NAME OF SPONSOR

ACADEMIC YEAR (9 MONTHS) IN THE AMOUNT PROVIDED ABOVE FOR TUITION, FEES, ROOM & BOARD, BOOKS, TRAVEL AND ADDITIONAL EXPENSES FOR _____. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AND ALL

STUDENT NAME
DEBTS INCURRED BY THE STUDENT WHILE ATTENDING THE UNIVERSITY OF THE DISTRICT OF COLUMBIA.

SPONSOR SIGNATURE DATE

AN I-20 CANNOT BE ISSUED WITHOUT THIS FORM AND THE SUPPORTING FINANCIAL DOCUMENTATION. SUBMISSION DOES NOT GUARANTEE AN I-20 WILL BE ISSUED.

Affidavit of Financial Support

Bank Statement/Letter Requirements:

- Dated within the last 6 months
- Name of Account Holder
- Amount of money in the account list
- Type of currency

Notary Acknowledgement

On the ____ day of _____, 20____
Before me a notary public (or Officer
Administering Oath), the undersigned officer,
personally appeared _____, known to
me (or satisfactorily proven) to be the person
whose name is subscribed to the within
document and information, and acknowledged
that he executed the same for the purposes
therein contained.
In witness hereof, I hereunto set my hand and
official seal.

Notary (Or Administering Officer) Public Name (**Print**)

Notary Public (Or Administering Officer) Signature

ESTIMATED ANNUAL COST OF FULLTIME ATTENDANCE:

Associate's Degree Students

Tuition & Fees	\$8,444
Room & Board	\$16,425
Books, Travel & Personal Expenses	<u>\$6,008</u>
	\$30,887

Bachelor's Degree Students

Tuition & Fees	\$16,772
Room & Board	\$16,425
Books, Travel & Personal Expenses	<u>\$6,008</u>
	\$39,205

Bachelor's degree ENGINEERING Students

Tuition & Fees	\$17,828
Room & Board	\$16,425
Books, Travel & Personal Expenses	<u>\$6,008</u>
	\$40,261

Graduate Students

Tuition & Fees	\$18,176
Room & Board	\$16,425
Books, Travel & Personal Expenses	<u>\$6,008</u>
	\$40,609

Living expenses may vary. The University of the District of Columbia does not require that tuition and fees be paid prior to registration; however, you may pre-pay your fees via the Office of Student Accounts. All rates are based on a nine-month academic calendar year and are subject to change.

Health Insurance: All students must maintain a health insurance policy approved by the University of the District of Columbia.

Dependents: Students accompanied by a dependent must account for an additional \$3,000 of support for the first dependent, and approximately \$2,500 for each additional dependent.