

# FINANCIAL CERTIFICATE

Emory College

This form must be completed and returned to:

Emory University  
Office of Admission  
3263-001-1AA (omit mailstop code for UPS, FedEx, couriers)  
1390 Oxford Road NE  
Atlanta, Georgia 30322-1016

As an International Student applicant, you are required to certify that you have sufficient funds to cover your expenses while attending Emory University. PLEASE NOTE: THIS FORM MUST BE COMPLETED BY EVERY INTERNATIONAL STUDENT SEEKING ADMISSION. THIS INCLUDES APPLICANTS WHO ARE AWARDED TEACHING ASSISTANTSHIPS RESEARCH ASSISTANTSHIPS AND OTHER UNIVERSITY AWARDS. THE ADMISSION PROCESS IS NOT COMPLETE UNTIL THIS FORM HAS BEEN COMPLETED AND RETURNED TO THE ADMISSION OFFICE. VISA DOCUMENTS ARE ISSUED ONLY WHEN ALL ADMISSION PROCEDURES HAVE BEEN SATISFIED.

**A current ESTIMATE of expenses for one school year (2019-20):**

Tuition and Fees	\$53,804.00
Room and Board	14,972.00
Accident/Sickness Insurance	3,466.00
Personal Expenses *	2,604.00
Textbooks and supplies	1,224.00
<b>TOTAL</b>	<b><u>\$76,070.00</u></b>

\* Does not include travel from home country, nor fees for on campus parking

Your Name: \_\_\_\_\_  
Family Name First Name Middle Name  
Your Address: \_\_\_\_\_  
Your City and Country of Birth: \_\_\_\_\_

- A. Check appropriate box:  I plan to come alone.  I plan to have my dependents come later.  
 I plan to bring the following dependents with me:

For each dependent, list: names, relationship, date & place of birth, nationality, date of issue & expiration date of passport.

- B. I am applying for admission to Emory for the:  Fall  Spring  1st Summer Session  2nd Summer Session of 201\_ \_  
Check appropriate box(es):  I do not expect to be at Emory for more than one year.  
 I expect my program of study to require \_\_\_ years.  
 I expect to remain in Atlanta, during summer periods.  
 I expect to attend Summer School Session.

SOURCES OF SUPPORT: Amounts (INDICATE IN U.S. DOLLARS)		1st Year	2nd Year	3rd Year	4th Year
1.	PERSONAL AND/OR FAMILY SAVINGS Name of Bank: _____ Note: A Bank official's signature on the certification below & a current "original" bank statement <b>MUST be attached</b> . These are required if student is supported in part or in whole by personal funds.				
2.	PARENTS AND/OR SPONSORS: _____ Print name of each person: _____ Note: Signature of each person/sponsor required below. Supply bank certification as above and <b>attach current "original" bank statement to this form</b> .				
3.	YOUR GOVERNMENT Print name of Agency: _____ Note: Enclose with the form a signed letter of award.				
4.	UNIVERSITY AWARD FROM: Print type and amount of award: _____				
5.	OTHER Please specify: _____ Note: Enclose a signed "original" affidavit from authorized person to certify accuracy.				

TOTALS: FOR MINIMUM ADEQUATE CERTIFICATION OF FUNDING, THE FIRST YEAR MUST EQUAL THE TOTAL COST ESTIMATES INDICATED ON OPPOSITE OF THIS FORM, UNLESS ACCOMPANIED BY DEPENDENT(S). DEPENDENT AMOUNTS MUST BE ADDED TO THIS AMOUNT AND STATED IN 1ST-YEAR COLUMN. ALL DOCUMENTATION MUST BE SUBMITTED IN ENGLISH.

Total amount of money you expect to have at arrival at Emory (Tuition, Fees, University Room Rent due at registration.): U.S.\$ \_\_\_\_\_

**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS**

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available.

Bank Officer's Signature and Seal \_\_\_\_\_

Bank Official's Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Name (Printed) \_\_\_\_\_

Relationship of Sponsor to Applicant \_\_\_\_\_

Address \_\_\_\_\_

THIS CERTIFIES THAT THE TOTAL AMOUNT OF MONEY THAT I HAVE AVAILABLE FOR MY FIRST ACADEMIC YEAR OF STUDY AT EMORY UNIVERSITY (INCLUDING FUNDS FOR SPOUSE AND CHILDREN IF APPLICABLE) IS U.S. \$ \_\_\_\_\_, AND THAT THE TOTAL AMOUNT AVAILABLE FOR EACH SUBSEQUENT YEAR OF STUDY IS U.S. \$ \_\_\_\_\_. FURTHER, I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS CORRECT AND COMPLETE AND THAT I WILL NOT REQUIRE ADDITIONAL ASSISTANCE FROM EMORY UNIVERSITY.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_