

**Statement of Financial Support
Branch Campus Internal Transfer – ONE YEAR**

**University of Indianapolis
2004-2005**

INSTRUCTIONS: Complete ALL sections below in FULL. Signatures of applicant, sponsor, and bank MUST be included as well as a copy of your passport. **Failure to complete all sections will result in your request for an I-20 being delayed.** Return the completed form to the person assisting you with your transfer to Indianapolis. International students must present satisfactory evidence of adequate funds available to meet financial obligations pursuant to U.S. immigration law.

Estimated Minimum Costs of attending University of Indianapolis for one academic year (9 months):

| | |
|---------------|-----------------|
| Tuition | \$17,200 |
| Room & Board | \$ 6,150 |
| Miscellaneous | \$ 4,000 |
| TOTAL | \$27,350 |

ADD \$3,390 for each spouse and child accompanying you to the U.S.

Section A. Applicant Information

Full Name _____
Family Name _____ First (Given) Name _____ Middle Name _____
Mailing Address _____ Date of birth _____ Country of birth _____
mm/dd/yy
Country of citizenship _____
Telephone Number _____
E-mail address _____ please include country & city code
Male/Female (Circle one—SEVIS requirement)

Source of Financial Support to meet US \$26, 560 Requirement:

Personal funds US \$ _____
Funds from Sponsor (Name of sponsor: _____)..... US \$ _____
Relation: _____ NOTE: Sponsor can be a parent, relative, or private organization
Government Agency (Name of agency: _____)..... US \$ _____
Other (please specify: _____)..... US \$ _____

TOTAL (must be US \$ 27,350.00* or more)..... **US \$** _____

*If family members will accompany you, additional financial support is required. See reverse side.

Section B. Sponsor Certification (Failure to complete this section may delay processing of your I-20 document.)

(If government or private organization scholarship, leave section blank & attach official award letter)

Name of sponsor (yourself, parent, or relative) _____
Address _____
Relationship to applicant _____

Sponsor's Guarantee:

I, _____, guarantee that the sum of US \$ _____ will be available for the
print sponsor name here
above-named student for the first academic year at the University of Indianapolis.

Signature of sponsor: _____ **Date:** _____
mm/dd/yy

Section C. Official Bank Verification (If this section is incomplete, I-20 processing will be delayed.)

This is to certify that _____ is financially capable of meeting the financial commitment as stated above (minimum: US \$27,350). If funds are outside the US, timely transfer to US is permitted under the government's present regulations. This verification does not constitute a statement of liability on the part of the bank official or the bank named below:

Print Bank Official's Name: _____
Bank Official's Title: _____
Bank Address: _____

REQUIRED OFFICIAL BANK STAMP IN BOX

Signature of bank official: _____ **Date:** _____
mm/dd/yy

THIS FORM CONTINUED ON REVERSE SIDE

Section D. Signature of Applicant

I fully understand the minimum amount of money necessary for tuition, fees, and living expenses at the University of Indianapolis. I verify that a minimum of US \$27,350 will be available per year for my study, and I can freely obtain, without restriction, these funds from my country. I also understand that I must obtain and maintain health insurance coverage for myself and any dependents that accompany me to the United States.

I understand that providing false or misleading information can result in the denial of my application for internal transfer, or if admitted, in my immediate dismissal from the University of Indianapolis and/or deportation from the United States.

Signature of applicant: _____ **Date:** _____
mm/dd/yy

Dependent Information

If your spouse or children will accompany you to the United States, you must provide proof of additional funding of \$3,390 per dependent in order for their names to be listed on your documents.

For example, if you bring your spouse and child, you will need to provide financial documentation of US \$34,130 (\$27,350 + \$3,390 + \$3,390) on the front side of this form.

Please list names of dependent accompanying you below:

| Last Name | First Name | Relation | Country of Birth | Country of Citizenship | Date of Birth |
|-----------|------------|----------|------------------|------------------------|---------------|
|-----------|------------|----------|------------------|------------------------|---------------|
