

**Statement of Financial Support
Master of Arts**

**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 admission to Indianapolis. International students must present satisfactory evidence of adequate funds available to meet financial obligations pursuant to U.S. immigration law.

One academic year (9 months):		Summer enrollment costs (optional):		ADD \$3,390 for each spouse and child accompanying you to the U.S.
Tuition	\$ 5,310	Tuition:	\$295 per credit hour	
Room & Board	\$ 6,150	Housing:	\$ 94 per week	
Miscellaneous	\$ 4,000	Meals:	\$ 30 per day	
TOTAL	\$15,460			

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 _____
 _____ please include country & city code
 E-mail address _____ Male/Female (Circle one—SEVIS requirement)

Source of Financial Support to meet US \$15,460 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 \$ 15,460.00* 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 \$15,460). 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: _____



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 \$15,460 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 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 \$22,240 (\$15,460 + \$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
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