

CERTIFICATION OF AVAILABLE FINANCES 2010-11: GRADUATE

According to the U.S. Department of Homeland Security regulations, Creighton University is required to obtain certification that applicants have funds to cover expenses for their studies. To receive an I-20, you must complete this **Certification of Available Finances** and include the required documents. Please **print**.

PERSONAL INFORMATION

YOUR NAME: _____ / _____ / _____ DATE OF BIRTH: ____/____/____
family name first (given) name middle name month day year

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

PERMANENT HOME ADDRESS: _____

MAILING ADDRESS: _____

REQUIRED FINANCIAL SUPPORT FOR THE ACADEMIC YEAR (9 MONTHS):

Tuition (8 credit hours per semester) and fees	\$ 12,233
Room and Board (Estimated on the basis of a 12-month contract for a double-occupancy apartment)	9,720
Other (Estimated costs for health insurance, books, supplies, local transportation, entertainment, etc.)	4,890
TOTAL	\$ 26,843

OTHER EXPENSES

Expenses are approximate. Book costs vary according to courses taken and personal expenses vary according to individual preferences.

HEALTH INSURANCE

Creighton requires that all students holding F-1 visas continuously enroll in the University's **health insurance** plan (12-month coverage). Creighton's plan pays for customary and reasonable expenses for any medically necessary covered medical expenses, medical evacuation and repatriation of remains.

SUMMER EXPENSES

If you are planning to stay in the U.S. during the summer, be sure to include room, board, local transportation, and personal expenses to your annual budget. If you want to attend summer school, add the costs of tuition, fees, books, and other costs to your annual budget.

SPOUSE/DEPENDENTS

If you plan to bring your spouse and children with you as dependents, you must provide evidence of additional financial support for each person: \$6,000 per year for spouse; \$3,000 per year per child. For each dependent, please provide the following:

Spouse: _____ / ____ / _____
Full name as it appears in passport Date of birth Place of birth Country of citizenship

Son/Daughter: _____ / ____ / _____
Circle one Full name as it appears in passport Date of birth Place of birth Country of citizenship

Son/Daughter: _____ / ____ / _____
Circle one Full name as it appears in passport Date of birth Place of birth Country of citizenship

Son/Daughter: _____ / ____ / _____
Circle one Full name as it appears in passport Date of birth Place of birth Country of citizenship

CERTIFICATION OF APPLICANT'S SOURCES OF FUNDS

INSTRUCTIONS

Funds may come from personal finances, family or sponsors both in the U.S. and abroad, or a combination of those sources. Documentation from you and/or your sponsor(s) must indicate funds available in U.S. dollars or in other currency **for your first year of study**. If your funds are available in other currency, please indicate the currency: _____.

Keep in mind that

- (1) the full course of study for a graduate degree usually requires **2-4 years**; some students, however, may need more than four years to complete requirements for a degree
- (2) the costs outlined on Page 1 are expected to increase every year
- (3) the costs for 2011-12 may be higher. Final costs for 2011-12 will not be available until late March 2011.

Attach one or more of the following **original supporting financial documents (with English translation) issued within the past six (6) months:**

- **Official bank statement** describing the account activity.
- **Official letter from the bank** on letterhead indicating the date the account was opened, average balance and current balance.
- **A letter of scholarship or sponsorship** written on official letterhead, indicating the amount, source and date of the award. Include the name, position and signature of the person authorizing the award.

Please check your sources of funds and write the amount each source will provide **in U.S. dollars:**

	ASSURED SUPPORT 2010-11	PROJECTED COMBINED SUPPORT Remaining Years
<input type="checkbox"/> PERSONAL FUNDS	\$ _____	_____
<input type="checkbox"/> FAMILY/OTHER FUNDS	\$ _____	_____
<input type="checkbox"/> FELLOWSHIP or SPONSORSHIP	\$ _____	_____
TOTAL SUPPORT FROM ALL SOURCES	\$ 26,843	

AFFIDAVITS OF SUPPORT

1. PERSONAL FUNDS (If you are financially responsible for yourself, sign the statement below and attach a bank statement)

"I have read the information in this Certification of Available Finances regarding the cost of tuition and living expenses for my period of study at Creighton. I certify that these funds are available (see documents provided by my bank) and I accept full responsibility for these expenses."

Name of Applicant: _____ Signature: _____ Date: ____ / ____ / _____

2. FAMILY or OTHER INDIVIDUALS (The relative or individual[s] in the U.S. or abroad who is[are] financially responsible for you must sign the statement below and attach a bank statement)

"I have read the information in this Certification of Available Finances regarding the cost of tuition and living expenses for the period of study at Creighton. I certify that these funds are available (see documents provided by my bank) and I accept full responsibility for these expenses."

Name of Person Financially Responsible: _____ Signature: _____

Relationship to the Applicant: _____ Date: ____ / ____ / _____

Name of Person Financially Responsible: _____ Signature: _____

Relationship to the Applicant: _____ Date: ____ / ____ / _____

3. SCHOLARSHIP, FELLOWSHIP OR SPONSORSHIP

If you will receive a scholarship/fellowship or will be sponsored by a company, agency, foundation or government agency, please attach a letter verifying the amount, source, and dates of the award. The letter must be written on official letterhead and must include the name, position and signature of the person authorizing the support, and addressed to Creighton University.

Name of Sponsoring Company, Agency, Foundation or Government Agency: _____

I certify that the information on this form is correct and complete. I understand that any false information may be cause for denying or revoking admission.

SIGNATURE OF THE APPLICANT: _____ DATE: ____ / ____ / _____

After completing pages 1 and 2 of this form, return the form with all supporting documentation to

Creighton University
Office of International Programs
2500 California Plaza
Omaha, NE 68178 -- USA