



OFFICE OF INTERNATIONAL PROGRAMS

CERTIFICATION OF AVAILABLE FINANCES 2009-10: 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: family name / first (given) name / middle name DATE OF BIRTH: month / day / year

COUNTRY OF BIRTH: COUNTRY OF CITIZENSHIP:

PERMANENT HOME ADDRESS:

MAILING ADDRESS:

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

Table with 2 columns: Expense Category and Amount. Rows include Tuition (8 credit hours per semester) and fees (\$ 11,706), Room and Board (Estimated on the basis of a 12-month contract for a double-occupancy apartment) 12,116, Other (Estimated costs for health insurance, books, supplies, local transportation, entertainment, etc.) 4,890, and TOTAL \$ 28,712.

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

CERTIFICATION OF EXCHANGE RATES AND CURRENCY RESTRICTIONS

What is the present exchange rate of your currency to the US dollar (for example: 20 Pesos=US\$1)? = US\$1

Does your government currently impose restrictions on exchange or release of currency for study in the U.S.? [ ] YES [ ] NO

If YES, describe restrictions:

**SEE PAGE 2**  
**CERTIFICATION OF APPLICANT'S SOURCES OF FUNDS**

**INSTRUCTIONS**

Funds may come from personal finances, family or sponsors both in the U.S. and abroad. Funding may come from one source or a combination of sources. Documentation from you and/or your sponsor(s) must indicate funds available **for your first year of study**. You must also estimate the amount of money available and the source of these projected funds for the remainder of your studies.

Attach one or more of the following **original supporting documents**:

- **Official bank statement** describing the account activity. The date of issue must be within 3 months of the date we receive your application.
- **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:

|  | <b>ASSURED SUPPORT<br/>First Year of Studies</b> | <b>PROJECTED SUPPORT<br/>Remaining Years</b> |
|--|--|--|
| <input type="checkbox"/> <b>PERSONAL FUNDS</b>             | \$ _____   | _____  |
| <input type="checkbox"/> <b>FAMILY/OTHER FUNDS</b>         | \$ _____   | _____  |
| <input type="checkbox"/> <b>SCHOLARSHIP or SPONSORSHIP</b> | \$ _____   | _____  |
| <b>TOTAL SUPPORT FROM ALL SOURCES</b>                      | <b>\$ 28,712</b>                                 | _____  |

**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 OR SPONSORSHIP**

If you will receive a scholarship 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