

DECLARATION & CERTIFICATION OF FINANCES Student's Information		<p>A CERTIFICATE OF ELIGIBILITY (1-20 or IAP-66) will not be authorized until this form is completed and returned to the institution to which you are applying.</p> <p>The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. Consul to obtain visa.</p>	
STUDENT'S NAME	Mr. _____ Mrs. _____ Miss. _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last (Family) First Middle </div>		
Permanent Address	_____	DATE OF BIRTH	EXPECTED VISA STATUS:
Mailing Address (if Different)	_____	Month Day Year	Student (F-1) _____
Students will reside at this address until _____ (Give Dates)	_____	PLACE OF BIRTH	Exchange Visitor (J-1) _____
		CITIZENSHIP	Other (Specify) _____

DECLARATION OF FINANCE Enter amounts in US\$. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.	OFFICIAL CERTIFICATION SOURCES OF FUNDS AND AMOUNTS
--	--

STUDENT'S SOURCE OF FUNDS	ASSURED SUPPORT				PROJECT SUPPORT				This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.
	1 st Year	2 nd Year	3 rd Year	4 th Year					
Personal or Family Savings									Signature of _____ Bank Official _____ Title _____ Name of Bank _____ Address of Bank _____ Date _____
NAME OF BANK _____ A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.									
Parent's For resources other than savings _____ Name _____ Name Please explain source:									Parent's Signature is required. Signature of Parent _____ Address _____ _____ Date _____
Sponsors For resources other than savings _____ Name _____ Name Please explain source:									Sponsor's Signature is required. Signature of Guarantor _____ Sponsor Address _____ _____ Relationship of Guarantor to Student _____ Date _____
Your Government _____ Name of Agency									
TOTAL									

WARNING: Providing false information may jeopardize a student's visa status and furthermore may result in an institution revoking its initial decision to enroll the students.

I certify that the information provided here is correct and complete

SIGNATURE OF STUDENT _____ DATE _____

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approved issuance of a Certificate of Eligibility.

Signature of _____
College Official _____ Title _____