



All admission applicants from foreign countries must submit this form whether or not they are also requesting financial aid.

STUDENT'S NAME Mr. Miss Mrs. LAST (FAMILY) FIRST MIDDLE HOME ADDRESS

A CERTIFICATE OF ELIGIBILITY (I-20 or DSP-66) will not be authorized until this form is completed and returned to the institution to which you are applying. 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 a visa.

RETURN TO: RETURN ADDRESS TO BE ENTERED BY THE INSTITUTION

Enter amounts in US\$. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

Table with columns: STUDENT'S SOURCES OF FUNDS, ASSURED SUPPORT, PROJECTED SUPPORT (FIRST YEAR, SECOND YEAR, THIRD YEAR, FOURTH YEAR). Rows include Personal or Family Savings, Parents and/or Sponsors, Your Government, This Institution, and Other.

Table titled 'TO BE COMPLETED BY THE INSTITUTION' with columns: ESTIMATED STUDENT EXPENSES FOR, ACADEMIC YEAR (September-May), SUMMER (June-August). Rows include Tuition and Fees, Room and Board, Books and Supplies, Medical Care, Personal Expenses, Transportation, and Other.

- What is the total amount of money you expect to have when you arrive at this institution? ... US\$
• Do you plan to attend summer school? ... YES NO
• Do you plan to remain in the U.S. during the summer? ... YES NO

- What are the sources and amounts of support available to you during the summer? AMOUNT
SOURCES: ... US\$
... US\$
... US\$

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS. 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. Includes signature lines for Bank Official and Guarantor.

I certify that the information provided here is correct and complete. SIGNATURE OF STUDENT DATE

TO BE COMPLETED BY THE INSTITUTION THAT SENT THIS FORM. SIGNATURE OF COLLEGE OFFICIAL TITLE NAME OF INSTITUTION ADDRESS DATE