



UNDERGRADATE INTERNATIONAL STUDENT CERTIFICATE OF FINANCES

A complete and correct certificate is required in order for an I-20 to be created. The I-20 will be created after the student has been admitted to the College and the information listed below has been verified.

Name (as it appears on your passport):

Family (last/surname) _____ Given (first) _____ Middle _____

Address where your I-20 should be sent:

Date of birth: ____/____/____ Place of birth (country): _____
Month Day Year

Email address: _____ Country of citizenship: _____

Expected first semester of enrollment: _____ Academic major: _____

Expected years of study at the College (circle one): 1 2 3 4

You are required to certify that you can meet the cost of your first year of study. Below you will find an estimation of 2017-2018 expenses incurred:

Estimated cost	2017-2018 Academic year charges
\$30,386	Tuition
\$16,757	Room, board, transportation and personal expenses
\$1,211	Books and supplies
\$1,379	Health Insurance (12 months)
\$425	Technology and library fees
\$50,158	TOTAL

Note: The above charges are subject to change and exclude transportation expenses for round trip fare to the United States. Be sure to include travel costs in calculating total personal expenses.

**FAMILY MEMBER INFORMATION
 (If accompanying you to the U. S.)**

Relationship	Name (Family/Surname, First, Middle)	Country of Birth	Country of Permanent Residence	Date of Birth	Gender

Note: For each family member, you must provide a copy of his/her passport. Additionally, you will need to show an additional \$6,150 in funding.

SOURCES OF FUNDS

What is the present exchange rate of your country's currency to the U.S. Dollar? (For example: 3,100 pesos = \$1) _____ = \$1	Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe restrictions: _____ _____
--	--

SOURCES OF FUNDS (CONTINUED)

Please provide support amounts in U.S. Dollars. Print all entries using an additional sheet of paper, if necessary.

	<i>Assured support</i>	<i>Projected support</i> ←-----→		
	Year 1	Year 2	Year 3	Year 4
Personal funds Name of bank: City and country of bank:	\$	\$	\$	\$
Family funds Print name(s) below: Name of bank: City and country of bank: (A parent/sponsor signature is required below.)	\$	\$	\$	\$
Your government funds Print agency name below: (Enclose signed copy of letter of award.)	\$	\$	\$	\$
College of Charleston scholarship/grant (Must include scholarship offer letter from department/athletic team.)	\$	\$	\$	\$
Other (please specify) Name of bank: City and country of bank:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$
(Each total should equal the estimated total academic year cost on Page 1.)				

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

<p>REQUIRED BANK STATEMENTS:</p> <ul style="list-style-type: none"> ▪ A bank statement must be submitted for each person (including yourself) whose funds will support your educational expenses. ▪ Bank statements must be in English. English translations must be signed and sealed by the appropriate bank or government official. ▪ Each bank statement submitted must include the following: <ul style="list-style-type: none"> -sponsor's name (translated name must be printed on the original document); -date (documents must be dated no more than 12 months prior to the date classes begin for the desired term of enrollment); -amount of available funds and the type of currency. ▪ Funds must be readily available; They should be held in a checking, savings, or money market account. Investment accounts and certifications of property holdings are not acceptable. 	<p>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. I certify that I, _____, am able and willing to provide financial support to, _____ for the total amount of U.S. \$_____ per year while she/he studies at the College of Charleston.</p> <p>_____ Parent/Sponsor's signature Date Address _____ _____ Phone number _____ Relationship to applicant _____</p>
---	--

I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

Applicant's signature: _____ Date: _____

FOR OFFICE USE ONLY
This is to certify that I have reviewed the declaration and attached documents; I approve issuance of a Certificate of Eligibility. Signature of College Official: _____ Date: _____