

*UFID _____ *Expected Start Date: Month _____ Day _____ Year _____

Please type name as it appears on your passport:

*Surname _____ *First Name _____ Middle Name _____ Suffix _____

*Date of Birth (mm/dd/yyyy): _____ *Email _____

Emergency Contact _____ Contact Phone _____

Contact Email _____ Relationship _____

If you are in the USA, what is your visa type? (F-1, J-1, etc.) _____

If you have an F1 or J1 visa, indicate your SEVIS ID (located on the top right corner of I-20): N _____

If your dependents will accompany you, indicate the following: Spouse _____ No. of children _____

All Applicants and Sponsors Must Complete The Sponsor Section.

Living Expense for duration of program: **Student \$1,500/month; Spouse \$1,000/month; Per Child \$500/month**

I have read the information and I believe all information is true and accurate, and the funds are available.

*Funding provided by (signature): _____ *Date (mm/dd/yyyy): _____

*Name or title of funding party (print): _____ *Relationship to applicant: _____

Address of funding party: _____

*Sources of Financial Support. Please provide the funding information which applies to you.	AMOUNT IN USD
1. Personal and/or Family (Verification of funds, such as a bank statement (with name of sponsor, date, amount and type of currency) is required, or the bank must complete the section at the bottom of the page.)	First Year \$ _____
2. University of Florida Stipend	\$ _____
3. Government Sponsor (A copy of the signed letter certifying sponsorship is required. The letter must list what is covered, include the amount of the <u>monthly stipend</u> and identify the type of visa required.) Print name of agency: _____ Type of visa (F or J required): _____	\$ _____
4. Scholarships (A copy of the award letter is required.)	\$ _____
5. Other: Specify below and enclose a signed certification. _____	\$ _____

Bank and Sponsor's Certification of Funding Sources

(You must submit a bank official's signature with the stamp/seal of the bank or submit a bank statement/letter verifying funds)

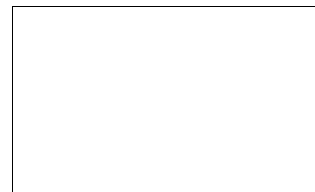
I have read the information the applicant has provided. I believe all information is true and accurate, and the funds are available.

Bank official's signature: _____

Bank official's name: _____

Title: _____ Date (mm/dd/yyyy): _____

Name and address of bank: _____



(Bank Stamp or Seal)

The information I have provided here is accurate and complete. I will not need additional financial support from the University of Florida. If any information changes before I enroll at the university, I will notify the UF International Center immediately. I also understand that making false or fraudulent statements within this Certificate of Financial Responsibility could result in disciplinary action.

*Applicant's Signature: _____ * Date (mm/dd/yyyy): _____