



University of Lynchburg

Office of Graduate Studies

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INTERNATIONAL STUDENT CERTIFICATE OF FINANCES

The information requested below will be used to verify that adequate funds are available and designated for your education at University of Lynchburg. Obtaining this information is required by all colleges and universities in order to issue a Certificate of Eligibility Form (I-20). The Form I-20 is required in order to apply for the U.S. F-1 student visa status. This form is required for all non-U.S. citizens who wish to study in the United States, including Canadians.

Student's Personal Information

Name exactly as it appears in your passport:

(Family) (First) (Middle)

Non-U.S. Permanent Address:

Mailing address (if different than above) where your I-20 will be sent:

E-mail address: _____ Phone Number: _____
Country Code / City Code / Number

Date of Birth: _____ City of Birth: _____
Please spell the month (i.e. January 1, 1993)

Country of Birth: _____ Country of Citizenship: _____

Country of Legal Permanent Residence: _____

I certify the information on this form is accurate and true. I understand that misrepresentation may be cause for denying or revoking my admission to University of Lynchburg.

Student Signature: _____ Date _____

(Over)

Source(s) of Funding **Amount Available for First Year**

PERSONAL FUNDS: **U.S. \$** _____

- A banker's letter or bank statement must also be submitted

FAMILY FUNDS [e.g., Parent(s), Aunt, Uncle]: **U.S. \$** _____

- A banker's letter or bank statement must also be submitted
- Name of Parent/Sponsor(print): _____
- Relationship to Student: _____

GRADUATE ASSISTANTSHIP: **U.S. \$** _____

- A signed copy of Assistantship must be included with this form
- Name of Department/School: _____

GOVERNMENT AGENCY: **U.S. \$** _____

- A signed copy of your award must be included with this form
- Name of Government or Agency: _____

TOTAL: **U.S. \$** _____

Total must be equal to or greater than the University's estimate of expenses for 1 year as outlined below

In addition to the first year of funding, I plan to financially support _____ for the entirety of his/her education at University of Lynchburg. (student's name)

I certify the information on this form is accurate and true. I understand that misrepresentation may be cause for denying or revoking the student's admission to University of Lynchburg.

Financial Sponsor's Signature: _____ **Date:** _____

NOTE: The I-20 (Certificate of Eligibility) will not be issued until this information is submitted. In addition to submitting this form, you must also submit a **proof of funding** (e.g., bank statement from your financial sponsor's bank, assistantship award letter, scholarship letter). All of the proof has to be original, printed out on an official letterhead, and signed by a responsible party. It also should include your financial sponsor's or organization's name(s).

ESTIMATE OF EXPENSES FOR 2022-2023
Please indicate your program by checking the appropriate box

Degree	<input type="checkbox"/> Arts <input type="checkbox"/> Education <input type="checkbox"/> Nonprofit Leadership	<input type="checkbox"/> Public Health (Full-time) <input type="checkbox"/> MBA (Full-time)	<input type="checkbox"/> EdD Leadership Studies	<input type="checkbox"/> MSAT	<input type="checkbox"/> MPAM	<input type="checkbox"/> DPT
Tuition	\$9,990	\$19,980	\$12,690	\$19,425	\$38,250	\$39,600
Room & Board	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
International Orientation Fee	\$100	\$100	\$100	\$100	\$100	\$100
Other Expenses *	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
TOTAL	\$20,590	\$30,580	\$23,290	\$30,025	\$48,850	\$50,200

*Other Expenses: books, health insurance, personal items, limited travel, etc.
 ** Students who have dependents must show proof of an additional \$4,500 USD per dependent
 ** Tuition and fees listed above are estimates; tuition and fees are subject to change without notice