

## Financial Affidavit of Support for International Graduate Students

*For use only by students enrolling in master's or specialist programs in Barry University's College of Arts and Sciences, School of Business, School of Education, College of Health Sciences, School of Human Performance and Leisure Sciences, or School of Social Work.*

All international applicants requiring the I-20 Certificate of Eligibility Form must complete this financial affidavit. You are required to certify that you will have adequate financial support for one academic year of study at Barry University. A Certificate of Eligibility (I-20) will not be issued until this form is completed and an original bank letter is submitted from your sponsor(s) and returned to the Division of Enrollment Services at the above address.

If financial support is to be provided by one or more sponsors, please note that the individual(s) must certify the affidavit on the enclosed form.

Please obtain two originals of your bank letter and financial affidavit of support. You will need to retain an original of each financial document for your own records. You will be required to show these documents to the U.S. Consulate when applying for your student visa as well as to immigration officials upon entering the U.S. Acceptable financial verification must be dated no more than six months prior to the start of your first semester.

Expenses	U.S. Dollars	Source of Support (self or sponsor)
Tuition (9 credits per semester, 18 credits total)	\$17,820	
Books, Supplies, Health Insurance	\$2,798	
Housing, Living Expenses, Transportation	\$24,390	
<b>Total</b>	<b>\$45,008</b>	

Scholarship/Grant Award (if applicable)	
Academic Award	-\$
Athletic Award	-\$
Dependents (add \$2,500 per person)	+\$
<b>TOTAL</b>	

I certify that I have \_\_\_\_\_ U.S. dollars available to me for the above expenses of my graduate study at Barry University.  
(insert amount from above)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month Date Year

Name \_\_\_\_\_  
First Middle Initial Last/Surname

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_  
(Please include country and city international calling codes)

**Please be aware that false information may result in the cancellation of your admission to the University.**

Barry University does not discriminate on the basis of race, creed, color, ethnicity, national origin, ancestry, religion, gender, sexual orientation, gender identity, genetic information, familial status, marital status, pregnancy, age, disability status or veteran status. Barry University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureate, masters, specialist, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Barry University.

This form may be reproduced

**Sponsor Affidavit of Support**

To be completed by Sponsor 1

I certify that I am willing and able to sponsor \_\_\_\_\_  
with a minimum amount of \_\_\_\_\_ in U.S. dollars dated and signed by a bank official no  
more than six months before the student's enrollment at Barry University, indicating savings account  
funds to sponsor the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name \_\_\_\_\_ Sponsor's Citizenship \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Fax \_\_\_\_\_ Telephone \_\_\_\_\_

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**Sponsor Affidavit of Support**

To be completed by Sponsor 2

I certify that I am willing and able to sponsor \_\_\_\_\_  
with a minimum amount of \_\_\_\_\_ in U.S. dollars dated and signed by a bank official no  
more than six months before the student's enrollment at Barry University, indicating savings account  
funds to sponsor the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name \_\_\_\_\_ Sponsor's Citizenship \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Fax \_\_\_\_\_ Telephone \_\_\_\_\_

This form may be reproduced

**Sponsor Affidavit of Support**

To be completed by Sponsor 3

I certify that I am willing and able to sponsor \_\_\_\_\_  
with a minimum amount of \_\_\_\_\_ in U.S. dollars dated and signed by a bank official no  
more than six months before the student's enrollment at Barry University, indicating savings account  
funds to sponsor the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Name \_\_\_\_\_ Sponsor's Citizenship \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Fax \_\_\_\_\_ Telephone \_\_\_\_\_