

## Financial Affidavit of Support for International in the Doctor of Podiatric Medicine Program

All international podiatric medicine 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 School of Podiatric Medicine 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<br>(self or sponsor) |
|-----------------------------------|-----------------|--|
| Tuition (12 credits)              | \$39,280        |  |
| Books, Supplies, Health Insurance | \$6,040         |  |
| Housing and Food                  | \$20,655        |  |
| <b>Total cost of attendance</b>   | <b>\$65,975</b> |  |

| Scholarship/Grant Award<br>(if applicable) |     |
|--|-----|
| Academic Award                             | -\$ |
| Athletic Award                             | -\$ |

|                                     |     |
|-------------------------------------|-----|
| Dependents (add \$2,500 per person) | +\$ |
|-------------------------------------|-----|

|  |  |
|--|--|
| <b>Total amount which must be proven</b> |  |
|--|--|

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

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

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

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

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

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

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 \_\_\_\_\_  
(insert student's name)

with a minimum amount of \_\_\_\_\_ in U.S. dollars dated and signed by a bank official no more  
(insert total amount from front) than six months before the

student's enrollment at Barry University, indicating savings accounts funds to sponsor the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(please print) Month Day Year

Name \_\_\_\_\_ Sponsor's Citizenship \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Email \_\_\_\_\_  
(including country and city code) (including country and city code)

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 \_\_\_\_\_  
(insert student's name)

with a minimum amount of \_\_\_\_\_ in U.S. dollars dated and signed by a bank official no more  
(insert total amount from front) than six months before the

student's enrollment at Barry University, indicating savings accounts funds to sponsor the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(please print) Month Day Year

Name \_\_\_\_\_ Sponsor's Citizenship \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Email \_\_\_\_\_  
(including country and city code) (including country and city code)

Fax \_\_\_\_\_ Telephone \_\_\_\_\_

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### Sponsor Affidavit of Support

To be completed by Sponsor 3

I certify that I am willing and able to sponsor \_\_\_\_\_  
(insert student's name)

with a minimum amount of \_\_\_\_\_ in U.S. dollars dated and signed by a bank official no more  
(insert total amount from front) than six months before the

student's enrollment at Barry University, indicating savings accounts funds to sponsor the student.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(please print) Month Day Year

Name \_\_\_\_\_ Sponsor's Citizenship \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Email \_\_\_\_\_  
(including country and city code) (including country and city code)

Fax \_\_\_\_\_ Telephone \_\_\_\_\_