



佛州中醫學院

Florida College of Integrative Medicine

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Instructions

1. The financial sponsor must **fully** and properly **complete** this form. Incomplete *Affidavits* will not satisfy the financial support requirement and thus may cause a delay in the immigration process for the applicant.
2. More than one sponsor is allowable. However, an individual *Affidavit* must be completed by each sponsor.
3. Only an original *Affidavit* or a certified true copy of the original is accepted. No changes, alterations, or modifications may be made to any information on this form. Please type or print clearly in ink.

NAME OF APPLICANT:

(Family name) (First name) (Middle name)
On separate page list name(s), relationship(s), date(s) of birth, and country of birth for dependent(s) expected to accompany applicant.

Part I. Sponsor Information and Oath/Affirmation

1. Name: _____
(Family name) (First name)

Relationship to applicant:

2. _____

3. Address:

4. E-mail: _____

5. Telephone: _____
(Include country and area codes)

6. Country of permanent residence: _____

7. Country of citizenship: _____

I make this Affidavit for the purpose of assuring the United States Government that the applicant, as well as the applicant's dependents in the U.S., will not become a public charge while in the United States. By my signature I state that I have the following amount of funds (U.S. dollars) available for the academic year indicated and will make available additional funds in similar amounts for subsequent years of study:

US \$ _____ for one academic year: _____ to _____.
(Beginning month/year) (Ending month/year)

I acknowledge that I am aware of my responsibilities as the sponsor of the applicant. I swear or affirm that (1) I understand the contents of this *Affidavit* signed by me and (2) the statements are true and correct.

Signature of Sponsor: _____ Date: _____

Part II. Bank Certification

I certify that the total amount of readily available funds in the Sponsor's bank account meets or exceeds the amount specified in Part I above. Further, I certify that the information provided above is, to the best of my knowledge, true and complete.

THIS SPACE IS FOR STAMP/SEAL
OF BANK OR BANK OFFICIAL

Bank Official Signature: _____

Bank Official Name/Title: _____

Bank Name: _____

Bank Address: _____

Bank Telephone: _____

Bank Fax: _____

Date: _____

AFFIDAVIT OF FINANCIAL SUPPORT AND BANK CERTIFICATION

Estimated Costs of Attendance for International Students

Florida College of Integrative Medicine is required by U.S. federal regulations to verify the financial resources of each applicant prior to issuing a SEVIS I-20. Please complete the ***Affidavit of Financial Support and Bank Certification*** and submit it along with any other relevant verification of support (bank letters, award letters, scholarships, etc.). You must show proof of financial support for the first year of study at **Florida College of Integrative Medicine** and demonstrate availability of funds for the entire length of your academic program.

Estimated International Student Costs for One Academic Year (two semesters)
These figures are subject to change without notice. Costs are adjusted yearly.

Tuition and Fees* \$ 15500.00

Room and Board** \$ 12000.00

Books & Supplies \$ 1200.00

Miscellaneous Expenses (Health insurance*, transportation, etc.)** \$9922.00

TOTAL**(per academic year / Fall & Spring Semesters)** \$ 38622.00

***All F-1 and J-1 international students are required to carry health insurance.

NOTE: The above figures are estimates only, not actual costs. Because tuition, housing, and food costs tend to increase every year, it is recommended that you budget for an additional 5% to 10% over the estimated costs above.