Financial Statement and Certification for International Students

Applicant's Name	· · · · · · · · · · · · · · · · · · ·				
Home Address	Last (Family/Surname)	F	irst Name		
	Street & Number		City		Country
Documents required to obta You must certify to the Univ program of study will contin How long do you plan to stu	versity of Northern lowa tha nue longer than one acader	t you have guaranteed nic year, you must sec	funds for all ure adequat	expected expenses of yo	ur first academic year. If your
	Two academic years			🗅 Four academic yea	rs 🗅 Other (explain)
Is any family member comin Last Name	ng to the U.S. with you? First Na	□ I plan to come alo me	one Relationshi	□ I plan to bring the follow Date of Birth	• •
PLAN YOUR BUDGET CARE	FULLY				
Calculate your expenses for	^r one academic year at the l	Jniversity of Northern	lowa using t	he figures on the reverse s	ide:
		matriculation charge		\$	
	Books and suppl			\$	
	Health Insurance			\$	
	_	als (or apartment renta	l)	\$	
		eational Expenses		\$	
	Support of deper	idents, if any		\$	
Show below the financial sc	TOTAL	dellere that you will be	ua ta aquart	≥ baaa aynanaaa	a appropriate supporting
documentation, as indicated					
2) Family or other Sponsor: 3 Attach bank statement as in			Country an individual		sponsibility for another person).
	Nomo	Dalatia	nahin	\$	
	Name overnment agency, private fo		r bank: Atta		ward from sponsoring agency
I have applied for and am			or athletic av	vard from UNI. \$	
By signing my name to this fo Northern Iowa. I understand	that the purpose of the finan	on above is a correct st cial requirement is to pr	event me froi		g my studies at the University of s after arriving at the university. I to me.
	ected to provide me with mia				
					Date
APPLICANT'S SIGNATURE		ECLARATION OF SUPF			Date
APPLICANT'S SIGNATURE_	D	ECLARATION OF SUPP	PORT FROM S Relationship		Date
APPLICANT'S SIGNATURE_	D	ECLARATION OF SUPF			Date
APPLICANT'S SIGNATURE_ Name: Address:	D	ECLARATION OF SUPP			Date
APPLICANT'S SIGNATURE_ Name: Address:	Last F	ECLARATION OF SUPP		to student:	Date
APPLICANT'S SIGNATURE_ Name: Address: Address: Sponsorship covers: Liv	D Last F Number & Street City State E-mail ving Costs □ Tuition &	ECLARATION OF SUPP irst Apt# Postal Code Fees 🖵 Intensive E	Country	to student: Telephone Fax Number Health Insurance	Date