

# FINANCIAL AFFIDAVIT OF SUPPORT



## Part 1

Family Name (Last) \_\_\_\_\_ Given (First) \_\_\_\_\_ Middle \_\_\_\_\_

Gender:  Male  Female Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Do you expect to come to the U.S.:  Alone  With Spouse  With Children

Dependents (if applicable):

Family (Last) Name	Given (First) Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship

If you are currently outside the U.S., what type of visa do you wish to receive?  F-1  J-1

If you are currently in the U.S., what type of visa do you hold? \_\_\_\_\_

Do you plan to:  Travel to apply for a visa  Apply for a Change of Status within the US

If you are currently in the U.S. on an F-1 or J-1 visa, which school, college, university or institute issued your I-20 or DS-2019?

Name and address of institution

Address where I-20 or DS-2019 form should be sent:

Send to this address until (date) \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

## TUITION AND ESTIMATED LIVING EXPENSES 2019–2020 ACADEMIC YEAR

UNDERGRADUATE PROGRAMS	TUITION ESTIMATED	GRADUATE PROGRAMS	TUITION ESTIMATED
Driehaus College of Business	\$40,551	College of Communication	\$24,320
College of Communication	\$40,551	College of Liberal Arts and Social Sciences	\$22,880
College of Liberal Arts and Social Sciences	\$40,551	College of Education	\$20,960
College of Computing and Digital Media (CDM)	\$40,551	College of Computing and Digital Media (CDM)	\$27,680
College of Education	\$40,551	College of Science and Health	\$23,520
College of Science and Health	\$40,551	Kellstadt Graduate School of Business	\$34,560
School of Music	\$41,814	Kellstadt Graduate School of Business Full-time MBA	\$51,840
The Theatre School	\$41,814	School of Music –Graduate programs	\$20,760
The School for Continuing and Professional Studies	\$23,580	–Certificate programs	\$15,570
(Based upon full-time status = enrolled in three or four courses per quarter.)		The Theatre School	\$36,534
		The School for Continuing and Professional Studies	\$20,960
		College of Law (JD)	\$48,670
		College of Law (LLM)	\$28,620
		College of Law (MJ)	\$20,520

### Living and health insurance expenses:

\$18,500 a year (10 months) for all programs other than College of Law  
 \$22,200 a year (12 months) for the College of Law

### Dependent expenses:

\$5,000 for the first dependent, \$4,000 for each additional dependent

## Part 2

### DECLARATION OF FINANCIAL SUPPORT

SOURCE OF FUNDS	AMOUNT ASSURED 1ST YEAR	REQUIRED DOCUMENTATION
Student's personal funds:	U.S.\$ _____	<input type="checkbox"/> Copy of bank statement
Family support:	U.S.\$ _____	<input type="checkbox"/> Sponsor's certification and copy of bank statement Name and relationship of family member(s): _____ _____
Other support:	U.S.\$ _____	<input type="checkbox"/> Sponsor's certification and copy of bank statement Name and relationship of sponsor(s): _____ _____
DePaul University support:	U.S.\$ _____	<input type="checkbox"/> Copy of award letter Type of award: _____
Government/agency support:	U.S.\$ _____	<input type="checkbox"/> Copy of letter or document from government/agency Name of organization: _____
<b>TOTAL SUPPORT</b>	<b>U.S. \$ _____</b>	This amount should add up to the tuition and estimated living expenses on page 1 of the Affidavit.

### CERTIFICATION OF AGREEMENT BY STUDENT

I understand that as a non-immigrant student, I am expected to engage in full-time study at DePaul University. I certify that I have arranged for financial support for the duration of my studies at DePaul and have truthfully stated the financial arrangements above. I understand that by law I cannot expect to work to support my studies and that I cannot expect to receive financial aid after my arrival.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATION OF AGREEMENT BY SPONSOR

I certify that I, \_\_\_\_\_, am able and willing to provide financial support to \_\_\_\_\_  
Name of student  
for the total amount of U.S. \$ \_\_\_\_\_ per year while she/he studies at DePaul University.

Sponsor's signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_