SEATTLE UNIVERSITY

INTERNATIONAL STUDENT DECLARATION OF FINANCES

Fully complete then return this form to: Seattle University, Admissions Office · 901 12th Ave., P.O. Box 222000 · Seattle, WA 98122-1090
Telephone: (206) 220-8040 · Toll-free: 1-800-426-7123 · E-mail: international@seattleu.edu

Confidential financial statement of personal or family support. Please read all application instructions on the reverse side before completing this form.

Only required for student/F-1 and J-1 visa applicants. Please type or print.

▶ Personal Information

SEVIS # (if known): N __ __ __ __ __ __ __ __ __ __ **Student ID# (if known):** .....

Family Name | First Name | Middle Name | Former Name

Gender (male/female) | Birthdate (western calendar) | City/Country of Birth | Country of Citizenship

Mailing Address | City | Zip Code

State/Province | Country | Telephone (including country/city code)

E-mail Address

Sponsor Name | First Name | Middle Name | Relationship to applicant

Mailing Address | City | Zip Code

State/Province | Country | Telephone (including country/city code)

Will you be bringing dependents? ☐ Yes ☐ No If yes, please list name, relationship, age, birthdate, and country of birth of each.

I hereby certify that the statements made on this declaration of finances are true, and that these funds are available and will be provided as indicated. I have sufficient funds available to support the student while they are attending Seattle University. Funding is to include tuition, living expenses, books, supplies, and health insurance as indicated on the back of this form.

Signature of sponsor(s) (or applicant if self-supporting) | Date

▶ Statement of Responsibility

The student applicant must sign the statement below after reading carefully.

I have read the information and followed the instructions on the reverse side of this form, and I certify the statements made on this declaration of finances are true and correct. I understand that an incomplete declaration will not be accepted.

Signature of Applicant | Date

DECLARATION OF FINANCES

Use this form and obtain the appropriate signatures. Students receiving grants or scholarships from their governments or employers must submit letters verifying such awards.

U.S. Immigration requires that Seattle University verify the financial resources of all international applicants. This form is for that purpose. The estimated costs listed below are for one academic year (three quarters). You are required to certify that you or your sponsor have the amounts listed. These estimated costs do not include transportation costs to and from the United States. Student visa holders are not authorized to work in the United States except under special circumstances. You should not plan on supporting your education through employment while being a student.

► Instructions for completing the Declaration of Finances form

- Find your total yearly estimated costs.
- Have your sponsor complete, sign, and date the student section of this form.
- Attach a bank statement or letter in your sponsor's name which reflects his/her ability to cover one year's costs at Seattle University. For students currently living in the United States, bank statement dates must be within six months of quarter of entry. For students living outside the United States, bank statement dates must be within twelve months of the quarter of entry.
- Photocopies and facsimiles of signatures and bank statements are acceptable.
- Sign and date the statement of responsibility section.
- All portions of this International Student Declaration of Finances must be completed for issuance of an I-20A (F-1 students) or DS-2019 (J-1 students).

2012-2013 Costs

► All costs are listed in U.S. Dollars and assume full-time enrollment for a nine-month academic year

Undergraduate tuition (45 credit hours per year)	**$34,200**
Room and Board*	**$10,296**
Health Insurance**	**$1056**
Miscellaneous Personal Expenses, Books, Supplies	**$4,413**
Undergraduate Total Estimated Annual Cost	**$49,965**

*** $9,785 for first dependent; $4,893 for each additional.**

**** Required unless proof of alternate insurance is provided within first 10 days of quarter.**