

2017-18 INTERNATIONAL APPLICANT FINANCIAL FORM - Standard Dentist (DDS) Program

International applicants must *affirm* that they are responsible for paying all tuition, fees and living expenses for the entire period of intended study by completing the form on the next page. Applicants must *document* the full cost of *only the first year of study* before the university can issue a Certificate of Visa Eligibility (Form I-20 or DS-2019).

Instructions: **Part I** Answer questions 1–7 completely.

Part II Indicate the sources of your funding and the amount available from each source; have your sponsors verify

their sponsorship by signing the form. Submit the required documentation as indicated below to show that you and your sponsors have available liquid assets equal to or greater than at least one year's cost.

Estimated Budget for First Year DDS Students

TUITION¹ \$62,950
FEES (including health insurance)² \$24,802
ROOM AND BOARD³ \$16,217
ESTIMATED TOTAL (per year of study) \$105,103

¹Tuition indicated above is the 2017-18 tuition rate for the academic year only (September–May). Tuition and fees are subject to change. Tuition can increase annually (but doesn't always). Summer and Winter session tuition and fees are not included above.

²Fees and health insurance are listed for the full year.

. The above figures are estimated costs and are subject to change without notice. Total costs typically increase 5% - 8% per annum.

Dependent Support

Students wishing to have a spouse or children accompany them to UB must document the following amounts for each family member.

For spouse: \$7,750 per academic year For each child: \$5,750 per academic year

Financial Documentation

Type of Documentation ⁴			
Bank Letters	Acceptable		
Bank Statements (Savings or Checking Accounts)	Acceptable		
Certificates of Deposit (CD) Statements	Acceptable - maturity date must be earlier than anticipated enrollment date.		
Chartered Accountant Statements	Not Acceptable		
Employer Letters / Salary Statements	Not Acceptable		
Line of Credit Letters	Acceptable		
Loan Letters	Acceptable		
Provident (Retirement) Fund Statements	Acceptable - if fund permits early withdrawal; value will be calculated at 75 percent of face value (or as determined by terms of the fund).		
Scholarship Letters (Private, Government,	Acceptable		
School, etc.)	N (A (11		
Stock Market Statements	Not Acceptable		
Valuation Statements (Jewelry, Gold, Property)	Not Acceptable		

⁴ This information is required for visa eligibility determination only. All acceptable forms of documentation must be printed on official letterhead paper from the institution that issued the document. Documents must be dated within one year of the anticipated date the student will commence studies. Documents can be clear photocopies, scanned, faxed or original. All documents submitted to UB become the property of UB; they cannot be returned or forwarded to another person/institution.

³Minimum allowance for the least expensive on-campus housing and food costs for the Fall and Spring semesters (one academic year); optional Summer and Winter sessions and school breaks are not included (if the student were to live on campus in those periods). The university estimates that students will need an additional allowance for personal expenses and incidental costs.

University at Buffalo Standard Dentist (DDS) Program Financial Form – 2017-18

Applicant: This is to certify that the information given on this form is complete and accurate to the best of my

knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

Applicant signature

Date

your I-20, we	e must have a copy of				lists no Surname or no Give his to the address below.	en Name, write a dash (—). In order to issue		
1. Name of applicant Family/Surname								
2. Major			3	3. Date of birth	///	Year		
4. Country of birth			5. Country of citizenship					
6. E-mail address (print neatly in block letters):								
 7. □ I plan to come without dependents (spouse/children). □ I plan to come with dependents. The following dependents (spouse/children) will accompany me: 								
Surname / C	Given Names	Date of Birth	Country of	Birth	Country of Citizenship	Relationship to Applicant		
PART II Applicants are responsible for all costs of attending the university. University costs are subject to change and increase an average of 7 to 8 percent annually. You and your sponsor must sign verification statements A. and B. at the bottom of this page indicating that you are responsible for all costs. Tick the appropriate statements below indicating where your first year of funding will come from (multiple sources are acceptable). Attach the appropriate financial documentation showing availability of one year's funding. Source of Funds Tick () the boxes showing where your first year of funding will come from and indicate the amount that will come from that source. The								
total must amount to at least \$105,103. Source: ☐ I will pay from my own personal account.					Amount: \$			
☐ My fam	ily will pay for my	education.			\$			
☐ I will have a scholarship from:					\$			
		rom: will pay for my edu		•	\$ \$			
☐ Other (specify):					\$	-		
				Total:	\$	_		
Verificatio	n:							
A. Sponsor: This is to certify that I (we) the undersigned agree to provide the funds required for all years of study at the University at Buffalo and that I (we) are submitting bank statements indicating the availability of these funds. SCAN and UPLOAD this form with required documentation into your UB								
Sponsor	(1) signature		Date	Relationship to a	pplicant	GrAdMIT account. This is the preferred method of submitting your financial documentation.		
Sponsor	· (2) signature		Date	Relationship to applicant		If you cannot scan and upload your documents to GrAdMIT, you may:		
Sponsor	(3) signature		Date	Date Relationship to applicant		MAIL this form with required documentation to Ms. Kristin Yager,		

this form with required documentation to Ms. Kristin Yager, Advanced Education Admissions Coordinator University at Buffalo School of Dental Medicine 315 Squire Hall, Buffalo, NY 14214.

EMAIL

this form with required documentation to idp@buffalo.edu.