

# 2018-19 INTERNATIONAL APPLICANT FINANCIAL FORM – International Dentist 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 IDP Students**

 TUITION¹
 \$62,950

 FEES (including health insurance)²
 \$110,413

 ROOM AND BOARD³
 \$20,128

 ESTIMATED TOTAL (per year of study)
 \$193,491

<sup>1</sup>Tuition indicated above is the actual 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.

2875,000 of the above fees is a one-time charge for the initial Continuing Education Summer Program and will be excluded in the second year of the program.

. 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: \$7,800 per academic year For each child: \$5,800 per academic year

#### **Financial Documentation**

Type of Documentation <sup>4</sup>			
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.)			
Stock Market Statements	Not Acceptable		
Valuation Statements (Jewelry, Gold, Property)	Not Acceptable		

<sup>&</sup>lt;sup>4</sup> 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.

<sup>&</sup>lt;sup>3</sup>Minimum 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 International Dentist Program Financial Form – 2018-19

Date

Date

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.

Sponsor (2) signature

Sponsor (3) signature

Applicant signature

PART I								
Important Note: Print your name your I-20, we must have a copy of				n Name, write a dash (—). In order to issue				
1. Name of applicant Fam	ily/Surname	First/Given nam	e					
2. Major		3. Date of birth	/////	Year				
4. Country of birth		5. Country of citizenshi	p					
6. E-mail address (print neatly	y in block letters):							
<ul> <li>7. □ I plan to come without dependents (spouse/children).</li> <li>□ I plan to come with dependents. The following dependents (spouse/children) will accompany me:</li> </ul>								
Surname / Given Names	Date of Birth	Country of Birth	Country of Citizenship	Relationship to Applicant				
annually. You and your sponso Tick the appropriate statements appropriate financial document Source of Funds	r must sign verification is below indicating when ation showing available where your first year of \$193,491.  ersonal account. by education.  from:	n statements A. and B. at the lare your first year of funding vality of one year's funding.  of funding will come from a	bottom of this page indicated will come from (multiple so	- - - -				
		Date Relationship to	ility of these funds.	SCAN and UPLOAD this form with required documentation into your UB GrAdMIT account. This is the preferred method of submitting your financial documentation.				

Relationship to applicant

Relationship to applicant

Date

If you cannot scan and upload your documents to GrAdMIT, you may:

#### **MAIL**

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.



# $\ \, University\ at\ Buffalo\ International\ Dentist\ Program\ Financial\ Form-2018-19$

### REQUIRED SUPPLEMENTAL QUESTIONS

1.	City and Country of Birth:	
	City	
	Country	
2.	Country of Citizenship:	
3.	Are you a Permanent Resident of the U.S.?	No
4.	If you are not a Permanent Resident, have you applied for permanent resident status? ☐ Yes ☐	No
5.	If you are currently in the U.S., indicate what type of visa you hold:	Please specify
6.	Check here ☐ if you will need an F-1 Student Visa.	
7.	Canadian Citizens and Permanent Residents only:	
	☐ I will commute from Canada and study: ☐ Full Time	☐ Part Time
	☐ I will establish temporary residence in the U.S.	