

## 2019-20 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

TUITION <sup>1</sup>	\$62,950
FEES (including health insurance) <sup>2</sup>	\$113,955
ROOM AND BOARD <sup>3</sup>	\$21,135
<b>ESTIMATED TOTAL</b> (per year of study)	<b>\$198,040</b>

<sup>1</sup>Tuition indicated above is the actual 2018-19 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.

<sup>2</sup>\$75,000 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.

<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.

*The above figures are estimated costs and are subject to change without notice. Total costs typically increase 5% 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:	\$8,000 per academic year
For each child:	\$6,000 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, School, etc.)	Acceptable
Stock Market Statements	Not Acceptable
Valuation Statements (Jewelry, Gold, Property)	Not Acceptable

<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.

# University at Buffalo International Dentist Program Financial Form – 2019-20

## PART I

Important Note: Print your name exactly as it appears in your passport. If your passport lists no Surname or no Given Name, write a dash (—). In order to issue your I-20, we must have a copy of your passport biographical page; please send or fax this to the address below.

1. Name of applicant \_\_\_\_\_  
 Family/Surname \_\_\_\_\_ First/Given name \_\_\_\_\_
2. Major \_\_\_\_\_ 3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day 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 / 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 5 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 \$198,040.

Source:	Amount:
<input type="checkbox"/> I will pay from my own personal account.	\$ _____
<input type="checkbox"/> My family will pay for my education.	\$ _____
<input type="checkbox"/> I will have a scholarship from: _____.	\$ _____
<input type="checkbox"/> I will have a student loan from: _____.	\$ _____
<input type="checkbox"/> My Government/Company will pay for my education.	\$ _____
<input type="checkbox"/> Other (specify): _____	\$ _____
<b>Total:</b>	\$ _____

### Verification:

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.

_____ Sponsor (1) signature	_____ Date	_____ Relationship to applicant
_____ Sponsor (2) signature	_____ Date	_____ Relationship to applicant
_____ Sponsor (3) signature	_____ Date	_____ Relationship to applicant

B. **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
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**SCAN and UPLOAD**  
 this form with required documentation into your UB GrAdMIT account. This is the preferred method of submitting your financial documentation.

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](mailto:idp@buffalo.edu).

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**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.?  Yes  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.