

### 2021-22 INTERNATIONAL APPLICANT FINANCIAL FORM – Audiology (AuD)

International applicants must affirm that they are responsible for paying all tuition, fees and living expenses for the entire period of the intended study program. 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, the amounts available, and the totals for each year, and have the

sponsors verify these amounts by signing this form. Include required documentation as indicated below.

Applicants must document financial support equal to or greater than the amounts indicated below (one year of study). These figures are estimated costs and are subject to increase without notice.

#### Estimated Budget for International Graduate Students (Audiology, AuD Programs)

TUITION <sup>1</sup>	\$23,340
FEES (including health insurance) <sup>2</sup>	\$5,540
ROOM AND BOARD <sup>3</sup>	\$16,415
<b>ESTIMATED</b> TOTAL (per year of study)	\$47.195

<sup>1</sup>Tuition indicated above is the 2020-21 tuition rate for the academic year only (September–May). Tuition and fees are subject to change. Tuition can increase annually (but doesn't always). The above tuition is for Fall and Spring semesters and is based on the "flat tuition" model where the cost is the same for 12 ormore credits (it is not per credit). Summer and Winter session tuition and fees are not included above; Summer and Winter sessions are optional unless required by your program; Summer and Winter tuition is charged per credit; tuition and fees are approximately \$1,200 per credit hour.

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

#### \* Dependent Support

An F-1 student wishing to have his or her spouse and/or children accompany him or her must document the following amounts for each family member per academic year of intended study. A marriage certificate (in the original language along with an official English translation) must be provided for the dependent spouse. Birth certificates (in the original language along with an official English translation) must be provided for the dependent children.

For spouse: \$8,000 per academic year For each child: \$6,000 per academic year

#### **Forms of 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
Credit / Debit Card Accounts	Not Acceptable
Employer Letters / Salary Statements	Not Acceptable
Line of Credit Letters (from a bank)	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>&</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>2</sup>Health insurance is listed for a full calendar year.

<sup>&</sup>lt;sup>3</sup>Minimum allowance for 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 \$1,500 or more for books and supplies, and \$1,500 or more for personal expenses and incidental costs.

# $University\ at\ Buffalo\ Audiology\ (AuD)\ International\ Financial\ Form-2021-22$

## PART I

	tant Note: Print your nan -20, we must have a copy						n Name, wri	te a dash (—). In order to issue		
1. Name of applicant Family/Surname				First/Given name						
2. Ma	ijor		3.1	Date of Birtl	Month	/	Year			
4. Co	untry of Birth		_ 5. City of Birth		6	5. Primary Cit	izenship_			
7. E-1	nail address (print nea	atly in block lette	rs):							
	I plan to come with o			(spouse/chile	lren) will ac	company me	. (* See ins	struction page.)		
Sur	name / Given Names	Date of Birth	Country of Birth	City of E	irth	Primary Cit	izenship	Relationship to Applicant		
		+								
		Add a separa	te sheet of paper if yo	u need more	space for a	dditional depe	ndents.			
PAR	ГП									
annua Tick		nsor must sign ver ents below indicati	ification statements A. ng where your first yea	and B. at the ar of funding	bottomofth	is page indica	ting that yo	n average of 5 percent ou are responsible for all costs. acceptable). Attach the		
Tick	ce of Funds  (✓) the boxes showing must amount to at least		t year of funding will	come from a	nd indicate	the amount th	nat will con	me from that source. The		
Sour					Amount					
☐ I will pay from my own personal account.			t.	\$						
<ul><li>☐ My family will pay for my education.</li><li>☐ I will have a scholarship from:</li></ul>				\$ \$						
	will have a student loa									
☐ My Government/Company will pay for my education.				\$						
☐ Other (specify):					\$		_			
				Total:	\$		_			
Veri	fication:									
A.		<b>DONSOF:</b> This is to certify that I (we) the undersigned agree to provide the funds required for all years of study the University at Buffalo and that I (we) are submitting bank statements indicating the availability of these funds.								
	at the University at Bullar	its indicating the availability of thes		ese iunas.		Nand UPLOAD				
								m with required entation into your		
	Sponsor (1) signature		Date	Relationship	Relationship to applicant		applica	tion portal.		
	Sponsor (2) signature		Date	Relationship to a pplicant			docum	AIL m with required entation to your nic department.		
B.	<b>Applicant:</b> 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.					Or EMAIL this form with required documentation to your academic department.				
	Applicant signature			Date	Date					