

2021-22 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

TUITION ¹	\$62,950
FEES (including health insurance) ²	\$35,902
LIVING ALLOWANCE ³	<u>\$20,935</u>
ESTIMATED TOTAL (per year of study)	\$119,787

¹Tuition 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). Summer, winter and non-standard session tuition and fees are not included above.

²Includes mandatory university comprehensive fees and dental school program fees. Health insurance is calculated for a full calendar year.

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). Also, includes an allowance for initial, basic books and supplies.
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

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, School, etc.)	Acceptable
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.

University at Buffalo Standard Dentist (DDS) Program Financial Form – 2021-22

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. City of Birth _____ 6. Primary Citizenship _____
7. E-mail address (print neatly in block letters): _____
8. I plan to come **without** dependents (spouse/children).
 I plan to come **with** dependents. The following dependents (spouse/children) will accompany me. (* See instruction page.)

Surname/ Given Names	Date of Birth	Country of Birth	City of Birth	Primary Citizenship	Relationship to Applicant

Add a separate sheet of paper if you need more space for additional dependents.

PART II

Applicants are responsible for all costs of attending the university. University costs are subject to change and increase an average 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 \$119,787.

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): _____	\$ _____
Total:	\$ _____

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
 application portal.

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

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