

2020-21 INTERNATIONAL APPLICANT FINANCIAL FORM - Orthodontics Advanced Certificate

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 Orthodontics Advanced Certificate Students

 TUITION¹
 \$23,100

 FEES (including health insurance)²
 \$33,650

 ROOM AND BOARD³
 \$21,201

 ESTIMATED TOTAL (per year of study)
 \$77,951

¹Tuition indicated above is the 2019-20 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.

²Health insurance is listed for a full calendar year.

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,	Acceptable
School, etc.)	
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.

$University\ at\ Buffalo\ Orthodontics\ Advanced\ Certificate\ Program\ Financial\ Form-2020-201$

PART I

Nome of oralisant					
. Name of applicant Family/Surname Fi			rst/Given name		
. Major	3.	Date of birth//			
Country of birth					
. E-mail address (print ne	eatly in block letters):				
	out dependents (spouse/c dependents. The following		(spouse/child	en) will accompany n	ne. (* See instruction page.)
Surname / Given Names Date of Birth C		Country of 1	Birth	Country of Citizenship Relationship to Applicant	
	l	l			
nnually. You and your spoick the appropriate staten	onsor must sign verification	n statements A. re your first yea	and B. at the l ar of funding v	ottom of this page indi-	nd increase an average of 5 percent cating that you are responsible for all costs e sources are acceptable). Attach the
ource of Funds					
	ng where your first year o	of funding will	come from a	nd indicate the amount	t that will come from that source. The
otal must amount to at le					· · · · · · · · · · · · · · · · · · ·
ource:				Amount:	
☐ I will pay from my own personal account.				\$	
☐ My family will pay for my education.☐ I will have a scholarship from:			\$ \$		
			\$ \$		
☐ I will have a student loan from			·•	\$	
Other (specify):				\$	
		Total:	\$		
erification:					
	certify that I (we) the undersigne	ed agree to provide	the funds require	d for all years of study at	
	and that I (we) are submitting t				SCAN and UPLOAD this form with required
Sponsor (1) signature		Date	Relationship to applicant		documentation into your application portal. This is the preferred method of submitting your financial documentation.
Sponsor (2) signature				o a policant	OR
Sponsor (2) signature		Duto	Relationship to a pplicant		MAIL this form with required documentation to your department.
Sponsor (3) signature		Date	Relationship	o applicant	OR
	o certify that the information giv ware that any false or misleading				EMAIL this form (scanned) with required documentation (scanned) to your department: sdmpg@buffalo.edu
Applicant signature					