



Office of Vice President for Research and University Dean for Advanced Studies International Student Services Office University of Cincinnati PO box 210627 Cincinnati OH 45221-0627

Suite 7148, Edwards One Phone (513) 556-4278 Fax (513) 556-0128

FINANCIAL CERTIFICATION FORM

Name in Full as Appears in Your Passport (last) (first) (middle)

Country of Birth Date of Birth Country of Citizenship month day year

Are you currently in the United States? YES NO If yes, list immigration status:

If Yes, and the immigration status is not F-1, the Form I-20 or DS-2019 will not be issued until you have made an appointment with us for assistance with a change of status application. If you are not eligible for a change of status, the form will only be issued for travel to your home country. E-mail:

Address you want I-20 or DS-2019 mailed to:

Funding: Total amount necessary for first year of study must be documented and available. Support for subsequent years of study must be reasonably attainable and documented through bank statements, employment letters, tax returns, investments, etc.

The total amount of money that I have available for each academic year of study is \$ This amount includes the following:

- \$ personal funds \$ sponsor(s)
\$ funds from University of Cincinnati. Type:
\$ other, please specify:

If any funds are being provided by a sponsor, the sponsor must complete the Affidavit of Sponsorship on the back of this form. Funds coming from a sponsor must be documented with bank statements, employment/ salary letters, investments, tax returns, investments, etc. Employment/salary letters and investments are the most reliable sources of support. At the very minimum, funds for the first year of study from a sponsor must be available and a clear indication that funds for subsequent years of study are reasonably attainable. If personal funds are being used, bank statements must be attached in the student's name and be sufficient for all years of study.

I certify that the above information provided is correct and complete and that I shall notify the University of Cincinnati of any change in my financial circumstances.

Student's Signature Date

**AFFIDAVIT OF SPONSORSHIP**

**NOTE: Any form not completed and stamped/certified by the appropriate official and not accompanied by official documents will be considered incomplete and an I-20 or DS-2019 will not be issued. This form is valid for 6 months only for the purpose of issuing an I-20 or DS-2019.**

I hereby attest that I am willing and able and will provide no less than US \$\_\_\_\_\_ in cash to the student named below for each year of study at the University of Cincinnati. I am attaching documents that prove the support is available/attainable, including bank statements, employment/salary letters, investments, tax returns and other assets (The amount indicated should agree with the amount on front of this form from the sponsor(s) line).

Name of student \_\_\_\_\_

My relationship to the student is \_\_\_\_\_

My full address is: \_\_\_\_\_

\_\_\_\_\_

The following are all of the persons who are dependent upon me for their housing, food, or financial support. **DO NOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED ABOVE.**

NAME	RELATIONSHIP TO ME	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**AFFIRMATION OR OATH OF SPONSOR**

I hereby affirm or swear that the contents of the above statement are true and correct.

Signature of sponsor \_\_\_\_\_

Name of sponsor, printed \_\_\_\_\_

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**NOTARIZATION/CERTIFICATION**

**SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ OF \_\_\_\_\_, 20 \_\_\_\_.**

Signature of Notary \_\_\_\_\_ (Seal)

My Commission Expires \_\_\_\_\_

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**THIS FORM MUST BE RETURNED DIRECTLY TO : International Student Services Office  
University of Cincinnati  
7148 Edwards Center One  
Cincinnati, Ohio 45221-0627**