



Declaration and Certification of Finances

For non-United States citizens and non-permanent residents of the United States

You are required to certify that you will have adequate financial resources to meet the full costs of attending Fairfield University. A Certificate of Eligibility (I-20 or DS-2019) will not be issued until this form is completed and returned to our office with all necessary supporting documentation.

Please keep a photocopy of this form and all supporting materials to bring to the U.S. Consul when you apply for your visa.

Please Type or Print

Name _____
Family (Last) _____ Given (First) _____

Address to which Certificate of Eligibility form (I-20 or DS-2019) should be sent. Please note that the courier services will not deliver the I-20/DS-2019 to a post office box.

Address _____ City _____
State/Province _____ Postal Code _____ Country _____

Telephone _____ Country Code/City Code/Number _____ Date of Birth _____ Month/Day/Year _____

City and Country of Birth _____ Country of Citizenship _____

Permanent Address in Home Country _____

Estimate of Student Expenses 2006-2007

Master's programs in the College of Arts and Sciences (American Studies and Mathematics), Graduate School of Education and Allied Professions, or the School of Nursing:

	Academic Year (September through May)
Tuition and Fees	\$8,550
Room and Board	(approximately) \$9,980
Books and Supplies	(approximately) \$1,430
Insurance costs	\$986
Personal expenditures (will vary).....	(approximately) \$2,500
Transportation after arrival in the U.S.	(minimum) \$250

NOTE: Insurance cost indicated is for student only. If you have a spouse/children accompanying you, the financial costs will have to be revised to include funds to support additional family members. Please contact our office for the supplemental forms.

Please mail this form with other application materials to:
Office of Graduate and Continuing Studies
Canisius Hall, Room 302
Fairfield University
1073 North Benson Road
Fairfield, CT 06824-5195
U.S.A.

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Funds may be assured by several sources if necessary. Please note that we cannot issue an I-20 or DS-2019 unless funds are stated in U.S. dollars.	FIRST YEAR (assured support)	SECOND YEAR (projected support)
Personal savings (please print name of bank below) _____ We require a bank seal/stamp and the bank's official signature on this form and an original bank letter/statement verifying availability of funds.		
Parents/Relatives/Sponsor (please print the name of person) _____ We require guarantor's signature on this form, an affidavit or letter of support, and original bank statements verifying availability of funds.		
Sponsoring organization/employer or government agency (please print name of agency below). _____ We require an official copy of the terms of support specifying amount for tuition, fees, living expenses, and length of time covered by the support.		

I certify that the total amount (excluding travel funds) available for my first year of study at Fairfield University is U.S. \$ _____

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by this applicant on this form, that it is a true and accurate statement, and that funds are available.

Bank Official's Name _____ Title _____

Bank Official's Signature _____ Date _____

Name of Bank _____

Address _____

(A bank seal/stamp on this form or on original bank letter with a statement indicating availability of necessary funds is required.)

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

Sponsor's Name _____ Relationship to applicant _____

Sponsor's Signature _____ Date _____

Address _____

(Sponsor's signature and an affidavit/letter of support indicating availability of necessary funds is required.)