

STATEMENT OF FINANCIAL RESPONSIBILITY INTERNATIONAL STUDENT

Office of Admissions, Corban University phone 1-503-375-7005 | fax 1-503-585-4316 email admissions@corban.edu | website www.corban.edu

Corban requires all international students to provide certification of adequate financial support for their education at Corban. An Immigration and Naturalization Services I-20 will not be released until you have been accepted for admission, paid the the \$500 deposit, and submitted this form.

Estimated Costs for 2019–2020		
Tuition & Fees Room & Board Estimated Student Health Insurance <i>(mandatory, cost may vary)</i>	\$33,378 \$10,316 urance \$3,000	*Note: Students who have F-2 dependents must include \$10,000 for a spouse and \$5,000 for each child that they will bring to the United States. In addition, consider \$1,000 for books and supplies.
Total Estimated Cost	\$46,694	

IMPORTANT: Give all monetary figures in U.S. dollars. All documents should be officially translated into English, if necessary.

First name

Middle name

Last/Family name

Requirements and Guidelines:

- 1. Student's information and signature are completed.
- 2. Sponsor's information and signature are completed.
- 3. Bank Statement/Certificate of Balance is included and shows a sufficient amount to cover the annual cost of education (see chart above). Please note that if a student has been offered a scholarship from Corban University, that amount may be subtracted from the total annual cost, and the sponsor may confirm support for the remaining portion. Bank statements must be current (issued within three months of submitting this form). Real estate holdings or other non-liquid assets ARE NOT accepted.

At least six weeks before your arrival at Corban, will you have funds available to cover 50% or more of your tuition, room, board and fees for your entire first year at Corban?

Mark the specific sources of funds you will rely on to study at Corban:

Name of bank	Amount on deposit		
Person(s) from whom you will receive fu	nds		
Sponsor/guarantor first name	Last name	Relationship to student	
Address	Citv	State	Country

	Amount of financial support for first year at Corban \$									
	Sponsor/guarantor signature			Date						
	Person(s) from whom you will receive funds									
	Sponsor/guarantor first name	Last name		Relationship to	udent					
	Address	Ci	ty .	State	Country					
	l (we) certify that l (we) have re	(Enclose certified copy of family's bank statement(s)) I (we) certify that I (we) have read the information furnished on this form, and that it is true and accurate, and that the funds are available as stated and will be provided as indicated.								
	Sponsor/guarantor signature			Date						
	Other (give details and provide app	ropriate documentation)								

I certify that the statements on this form are accurate and complete, and that I have the financial support needed to cover the cost of my Corban education.

Signature of applicant

Date