

Western Carolina University

Office of the International Student Advisor

STATEMENT OF FINANCIAL RESPONSIBILITY

You are required to certify that you will have adequate financial support for your program of study at Western Carolina University. Complete support for your first year must be guaranteed. Form I-20 for the issuance of a visa cannot be issued until this form is returned to and approved by the Office of the International Student Advisor.

Student Name _____
Last (Family) Name First Middle

Permanent (Mailing) Address _____
_____) _____

Will any dependent family members accompany you to WCU? _____ If "yes," how many? _____
Please provide the following information on each person:

1. _____
Last/Family Name First/Given Name Middle Name spouse/child?

_____) _____
Date of Birth mm/dd/yyyy Country of Birth Country of Citizenship

2. _____
Last/Family Name First/Given Name Middle Name spouse/child?

_____) _____
Date of Birth mm/dd/yyyy Country of Birth Country of Citizenship

3. _____
Last/Family Name First/Given Name Middle Name spouse/child?

_____) _____
Date of Birth mm/dd/yyyy Country of Birth Country of Citizenship

The approximate **minimum** cost of the 2003 academic year (Spring/Fall) at Western Carolina University is **\$18,308.00 for Undergraduates** and **\$18,687.00 for Graduates**. This includes tuition, fees, books, room and meals and personal expenses (including medical insurance*). If family members accompany you, you must add an additional \$6500.00 per academic year for your spouse and \$4000.00 for each dependent child.

***Comprehensive medical insurance is required. Cost of insurance may increase significantly depending on student's particular situation. Comprehensive Medical Insurance is mandatory.**

Sources of Income (must be in U.S. dollars):

1. Personal/Family Savings/Sponsor \$ _____
(Complete affidavit of support on reverse side. Any statement from a financial institution indicating adequate resources, **in English and US Dollars**, must accompany this statement)
2. Western Carolina University (Graduate Assistantship, etc.) \$ _____
(Attach copy of award letter or identify source)
3. Out-of-State Tuition Waiver (student pays in-state tuition and fees) \$ _____
4. Other (attach appropriate documents) \$ _____

TOTAL SUPPORT FOR THE FIRST ACADEMIC YEAR \$ _____

STUDENT CERTIFICATION: I certify that all information provided on these pages is correct and complete to the best of my knowledge.

of Student _____ Signature _____ Date _____ Printed Name _____

AFFIDAVIT OF SUPPORT (to be completed by sponsor/family member)

As the sponsor of _____
(Name of Student)

who is my _____, I certify that I am able, willing and do promise to
(relationship)
provide the student with the minimum amount of \$ _____ payable in U.S.
dollars for his/her expenses during the academic year beginning _____
semester
of _____.
academic year

Evidence of my financial resources in **English and US Dollars** is attached to this statement.

(Print Name) (Signature) (Date)

(Address of Sponsor)

NOTE: If financial support is guaranteed in part or in full by a current WCU student, the sum guaranteed must be deposited in a university account in the name of the new student. Proof of that deposit must be included with this statement. If the student remains in the United States during the summer, proof of additional financial support may be required.

Return this form and supporting documents to:
SEVIS Coordinator
International Programs & Services
9 Stillwell Building
Western Carolina University
Cullowhee, NC 28723

Questions?

Contact Kevin Childers, International Exchange Student and SEVIS Coordinator,
828-227-3455 or e-mail: kchilders@wcu.edu

Please do not return this statement unless you have completed both sides and attached all required documentation to justify full support.
All documentation must be in English and US Dollars.