

FINLANDIA UNIVERSITY

AFFIDAVIT OF FINANCIAL SUPPORT FOR EXCHANGE APPLICANTS

Estimated expenses: 1 semester, **on campus**, non-degree seeking international student

| | | | |
|-------------------------|----------------|--------------------------------------|----------------|
| Estimated Tuition*..... | \$0 | Books and supplies (estimate)..... | \$750 |
| Room and board** | \$4,578 | Health insurance*** (required) | \$750 |
| General fee | \$300 | ESTIMATED TOTAL | \$6,378 |

* Full time: 12-18 credits per semester; Subject to change - Tuition amount reflects 15 credits

*** All students must have health insurance while enrolled at Finlandia University. Students are not required to purchase a U.S. health insurance policy if they have **pre-approved**, comparable insurance from their home country.

Sources of Funds—PLEASE PRINT full name IN ENGLISH

Assured funds in USD for each academic year: Please indicate in United States dollars the financial resources you will have available. You must show sufficient funds for at least the first year of study, half paid in August and half in January. **Note that you will need to pay your first semester bill, in full, upon arrival.**

1. Parent or Sponsor—Name (s) _____ (Signature required on verification below.) (USD)\$ _____

2. Personal Savings—Name of bank _____ (USD)\$ _____

3. Your Government—Name of agency (Enclose a signed copy of your letter of award) _____ (USD)\$ _____

4. Other—Please specify _____ (USD)\$ _____

(Enclose signed affidavits or award letters from authorized person or organization)

TOTAL available funds for your education (USD)\$ _____

Official Verification of Sources and Amounts of Funds

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.

Parent's or sponsor's name(s) printed _____ Parent's or sponsor's signature (s) _____

Relationship to applicant _____ Date (dd/mm/yyyy) _____

Address _____ E-mail _____

And/or

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.

Bank official's name _____ Bank official's signature _____

Title or position _____ Date (dd/mm/yyyy) _____

Address _____ E-mail _____

APPLICANT: I certify that I have read and understood the instructions. To the best of my knowledge, the statements made on this financial support form are accurate and complete. I understand the financial requirements of the university, and that I am responsible for providing the necessary financial support, or proof of financial support. If admitted, I agree to comply with the rules and regulations of the university. Failure to provide full documentation or falsification of credentials will terminate my student visa and enrollment eligibility at Finlandia University.

Student's name _____ Date (dd/mm/yyyy) _____

Student's signature _____