



**FINANCIAL STATEMENT: GRADUATE INTERNATIONAL APPLICANTS  
COLLEGE OF BUSINESS AND MANAGEMENT  
Required for I-20 Processing and University Admission**

**STUDENT NAME:** \_\_\_\_\_  
(Please Print or Type) Last/Family Name First/Given Name Middle Name(s)

**TERM APPLYING:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer IA \_\_\_\_\_ Summer II \_\_\_\_\_ Summer IB \_\_\_\_\_  
Year Year Year Year Year

Northeastern Illinois University assumes no financial responsibility for international students. An international student on an F-1 or J-1 visa cannot sponsor another international student. The following figures indicate the minimum amount needed for one academic year (fall & spring terms, minimum full-time enrollment) and twelve months of living expenses. Estimated costs may be higher or lower than shown.

EXPENSE	AY 2015-2016	AY 2016-2017	AY 2017-2018
<b>Tuition and mandatory fees</b>	\$ 10,944.00	\$ 12,816.00	\$ 17,140.00
<b>Health insurance</b>	\$ 2,161.00	\$ 1,234.00	\$ 1,750.00
<b>Books &amp; supplies - Estimated</b>	\$ 1,945.00	\$ 1,800.00	\$ 1,800.00
<b>12 mo. Living expenses (room &amp; board) - Estimated</b>	\$ 13,228.00	\$ 12,000.00	\$ 12,000.00
<b>12 mo. Transportation expenses - Estimated</b>	\$ 1,588.00	\$ 360.00	\$ 384.00
<b>TOTAL</b>	\$ 29,866.00	\$ 28,210.00	\$ 33,074.00

If you will be accompanied by your spouse and/or children, you must provide evidence of additional financial resources before dependent I-20(s) can be issued. **Dependents are not permitted to work in the U. S. The approximate expense per year is \$7,200 for a spouse and \$6,000 for each child. You are also advised to purchase health insurance for your accompanying dependents. The current rate per year is approx. \$1,689 for a spouse and approx. \$642 for each child. These figures are subject to increase without notice. Please attach a sheet of paper listing the name, date of birth, country of birth, country of citizenship, and relationship to you of all dependents, along with identification pages of their passports.**

I. PERSONAL RESOURCES: You and your sponsor(s) must: 1) complete the section below; and 2) attach an original bank/financial institution letter, typed on letterhead, for each sponsor/financial institution, verifying that funds, stated in U.S. dollars, and totaling at least the minimum amount required for one year's support, as described above, are available to you (savings account, current money market account, current certificates of deposit) while you are pursuing a full-time course of study applicable to your degree program. The letter must bear the original signature, in ink, of a bank officer/official. **Checking accounts, account statements, life insurance policies, retirement accounts, employer letters, affidavits of support, real estate holdings, and tax returns are not acceptable. Faxes and photo copies are not acceptable.** This financial statement and attached supporting document(s) cannot be dated more than six months prior to the date of receipt in the OIP. Once submitted, they become the property of the University and will not be returned. Please make copies of all application documents, including your financial documents, for yourself. Copies will not be provided to you by the OIP.

II. OTHER RESOURCES: If you will be sponsored by a government agency or private grant or scholarship, the sponsor or official designee must complete the appropriate section below. Please attach the official contract or agreement when returning this form. THE INFORMATION MUST INCLUDE THE EXACT OR MINIMUM AMOUNT OF U. S. DOLLARS WHICH WILL BE PROVIDED EACH YEAR AND THE LENGTH OF TIME THIS MONEY WILL BE AVAILABLE. WE CANNOT ADMIT YOU WITHOUT THIS INFORMATION AND SUPPORTING DOCUMENTATION.

NOTE: U. S. Consulates/Embassies require current original financial documents at time of visa application.

**Sponsor 1:** Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor 2:** Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Governmental Agency/Scholarship Sponsor:** Print Name: \_\_\_\_\_  
Amount of Award: \$ \_\_\_\_\_ Duration of Award: \_\_\_\_\_

NOTE: You must enclose a signed copy of letter of award with this form

**Applicant's Certification**

I certify that the financial information furnished is a complete and accurate statement of resources available for study in the United States. I understand that submission of inaccurate and/or fraudulent information can be considered sufficient cause for terminating my enrollment and revoking my I-20 at Northeastern.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature and seal/stamp of Notary Public or Legal Official)