## FINANCIAL CERTIFICATE

Allied Health - Medical Imaging

This form must be completed and returned to:
Office of Admission
200 Boisfeuillet Jones Center
Emory University
Atlanta, Georgia 30322

As an International Student applicant, you are required to certify that you have sufficient funds to cover your expenses while attending Emory University. PLEASE NOTE: THIS FORM MUST BE COMPLETED BY EVERY INTERNATIONAL STUDENT SEEKING ADMISSION. THIS INCLUDES APPLICANTS WHO ARE AWARDED TEACHING ASSISTANTSHIPS RESEARCH ASSISTANTSHIPS AND OTHER UNIVERSITY AWARDS. THE ADMISSIONS PROCESS IS NOT COMPLETE UNTIL THIS FORM HAS BEEN COMPLETED AND RETURNED TO THE ADMISSIONS OFFICE. VISA DOCUMENTS ARE ISSUED ONLY WHEN ALL ADMISSION PROCEDURES HAVE BEEN SATISFIED.

| A current ESTIMATE of expenses for one school year (2012-13): |   |                    |  |  |  |  |
|---|---|--------------------|--|--|--|--|
|   | and Fees verage rent in university housing)                               | <u>\$16,200</u>    |  |  |  |  |
| Acciden<br>Other liv  | t/Sickness Insurance<br>ving*<br>ks and supplies                          | \$2,000<br>\$5,275 |  |  |  |  |
| TOTAL   |   | \$23,475           |  |  |  |  |
| * **  | Boes not include travel from nome country, not lees for on campus parking |                    |  |  |  |  |

A married student planning to bring his or her family will need about an additional \$8,400 per year (\$700 per month) for the spouse and \$4,200 (\$350 per month) for each child.

In computing your expenses, you should bear in mind that students holding Student (F) or Exchange Visitor (J) <u>visas will not be authorized to work except under extraordinary circumstances</u>. Therefore, the applicant should not look to employment, either part-time during the academic year or full-time during the summer, as a significant means of support while at Emory University. Under no circumstances are students permitted to work full-time during the academic year. <u>Spouses of F-1 student visa holders are not permitted to work under any circumstances</u>. Please note that your spouse may apply for work permission only if you hold a J-1 Exchange Visitor visa, and then <u>only</u> for his or her and the children's support. The spouse of a J-1 Exchange Visitor is permitted to work <u>only with approval from the U.S. Immigration Service</u>; such approval is not given routinely.

| Your  | •              |  |  |
|---|----------------|--|--|
| Name  | e:             |  |  |
|   | Last Name      | First Name   | Middle Name                                |
| Your  | : Address:     |  |  |
| Your  | City and       |  |  |
| Coun  | ntry of Birth: |  |  |
| A.<br>For e   | ☐ I plan to    | o come alone.  |  |
| B. I am applying for admission to Emory for the: Check appropriate box(es): |                | for the: □ Fall □ Spring □1st Summe □ I do not expect to be at Emory □ I expect my program of study t □ I expect to remain in Atlanta, d □ I expect to attend Summer Scl | o require years.<br>luring summer periods. |

|  |  | 1                   | 1                     |                       |  |  |  |
|--|--|---------------------|-----------------------|-----------------------|--|--|--|
| SOURCES OF SUPPORT: Amounts (INDICATE IN U.S. DOLLARS)   | 1st Year   | 2nd Year            | 3rd Year              | 4th Year              |  |  |  |
| 1. PERSONAL AND/OR FAMILY SAVINGS  |  |                     |                       |                       |  |  |  |
| Name of Bank:  |  |                     |                       |                       |  |  |  |
| Note: A Bank official's signature on the certification   |  |                     |                       |                       |  |  |  |
| below & a current "original" bank statement <u>MUST</u> <u>be attached</u> . These are required if student is  |  |                     |                       |                       |  |  |  |
| supported in part or in whole by personal funds.   |  |                     |                       |                       |  |  |  |
|  |  |                     |                       |                       |  |  |  |
| 2. PARENTS AND/OR SPONSORS:  |  |                     |                       |                       |  |  |  |
| Print name of each person:   |  |                     |                       |                       |  |  |  |
| Note: Signature of each person/sponsor required below. Supply bank certification as above and attach current   |  |                     |                       |                       |  |  |  |
| "original" bank statement to this form.  |  |                     |                       |                       |  |  |  |
|  |  |                     |                       |                       |  |  |  |
| 3. YOUR GOVERNMENT   |  |                     |                       |                       |  |  |  |
| Print name of Agency:  Note: Enclose with the form a signed letter of award.   |  |                     |                       |                       |  |  |  |
| Note: Enclose with the form a signed letter of award.  |  |                     |                       |                       |  |  |  |
| 4. UNIVERSITY AWARD FROM:  |  |                     |                       |                       |  |  |  |
| Print type and amount of award:  |  |                     |                       |                       |  |  |  |
|  |  |                     |                       |                       |  |  |  |
| - OTHER  | <del>                                     </del> |                     |                       |                       |  |  |  |
| 5. OTHER   |  |                     |                       |                       |  |  |  |
| Please specify:<br>Note: Enclose a signed "original" affidavit from  |  |                     |                       |                       |  |  |  |
| authorized person to certify accuracy.   |  |                     |                       |                       |  |  |  |
|  | 1  | I                   |                       | I                     |  |  |  |
| ESTIMATES INDICATED ON OPPOSITE OF THIS FORM, UNLESS ACCOMPANIED BY DEPENDENT(S). DEPENDENT AMOUNTS MUST BE ADDED TO THIS AMOUNT AND STATED IN 1ST-YEAR COLUMN. ALL DOCUMENTATION MUST BE SUBMITTED IN ENGLISH.  Total amount of money you expect to have at arrival at Emory (Tuition, Fees, University Room Rent due at registration.): U.S.\$ |  |                     |                       |                       |  |  |  |
| Name of Bank   |  |                     |                       |                       |  |  |  |
| Address of Bank  |  |                     |                       |                       |  |  |  |
| Addices of Dalik   |  |                     |                       | <del></del>           |  |  |  |
|  |  |                     |                       |                       |  |  |  |
|  |  |                     |                       |                       |  |  |  |
| This is to certify that I have read the information given by the applicant on thi  | is form, that it is to                           | rue and accurate, a | nd that the funds are | available.            |  |  |  |
| Sponsor's Signature  |  | Date                |                       |                       |  |  |  |
| Sponsor's Name (Printed)   |  |                     |                       |                       |  |  |  |
| Relationship of Sponsor to Applicant   |  |                     |                       |                       |  |  |  |
| Address  |  |                     |                       |                       |  |  |  |
|  |  |                     |                       |                       |  |  |  |
| THIS CERTIFIES THAT THE TOTAL AMOUNT OF MONEY THAT I HAVE AVA UNIVERSITY (INCLUDING FUNDS FOR SPOUSE AND CHILDREN IF APPLICA AMOUNT AVAILABLE FOR EACH SUBSEQUENT YEAR OF STUDY IS U.S. \$_ INFORMATION PROVIDED IS CORRECT AND COMPLETE AND THAT I WILL UNIVERSITY.   | ABLE) IS U.S. \$                                 | FURTHER,            | , AND THAT '          | THE TOTAL<br>HE ABOVE |  |  |  |

STUDENT'S SIGNATURE\_\_\_\_\_\_DATE\_\_\_\_\_