



UC International
University of Cincinnati
PO Box 210640
Cincinnati, OH 45221-0640
Room 3134, Edwards One
Phone (513) 556-4278
Fax (513) 556-2990

Financial Certification Form

Personal Information: Please put your name in full as it appears in your passport.

Family/Surname: _____

First/Given: _____ Middle: _____

Country of Birth _____ Date of Birth ____/____/____ Country of Citizenship _____
month day year

Are you currently in the United States? __ YES __ NO If yes, list immigration status: _____ (F1, H1B, etc.)

If Yes, and the immigration status is not F-1, the Form I-20 or DS-2019 will not be issued until you have made an appointment with us for assistance with a change of status application. If you are not eligible for a change of status, the form will only be issued for travel to your home country.

E-mail: _____ Telephone: _____

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Mailing Address for I-20 or DS-2019: Street Address: _____

City: _____ Province _____

State/Country _____ Zip/Postal Code: _____

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Funding Information: The total support necessary for first year of study must be documented and available. The support necessary for subsequent years of study must be reasonably attainable and documented through bank statements, employment letters, tax returns, investments, etc. Employment/salary letters and investments are the most reliable sources of support. If any funds are being provided by a sponsor, the sponsor must complete the Affidavit of Sponsorship on the back of this form. If personal funds are being used, bank statements must be attached in the student's name and be sufficient for all years of study, not just the first year.

The total amount of money that I have available for each academic year of study is \$ _____.

This amount includes the following:

\$ _____ personal funds \$ _____ sponsor(s)

\$ _____ funds from University of Cincinnati. Type: _____

\$ _____ other, please specify: _____

I certify that the above information provided is correct and complete and that I shall notify the University of Cincinnati of any change in my financial circumstances.

Student's Signature _____ Date _____

AFFIDAVIT OF SPONSORSHIP

NOTE: Any form not completed and sealed/stamped by the appropriate official and not accompanied by official documents will be considered incomplete and an I-20 or DS-2019 will not be issued. This form is valid for 6 months only for the purpose of issuing an I-20 or DS-2019.

I hereby attest that I am willing and able and will provide no less than US \$_____ in cash to the student named below for each year of study at the University of Cincinnati. I am attaching documents that prove the support is available/attainable; including bank statements, employment/salary letters, investments, tax returns and other assets (The amount indicated should agree with the amount on front of this form from the sponsor(s) line).

Name of student _____

My relationship to the student is _____

My full address is: _____

The following are all of the persons who are dependent upon me for their housing, food, or financial support. DO NOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED ABOVE.

NAME	RELATIONSHIP TO ME	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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AFFIRMATION OR OATH OF SPONSOR

I hereby affirm or swear that the contents of the above statement are true and correct.

Signature of sponsor _____

Name of sponsor, printed _____

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NOTARIZATION (seal/stamp) of Designated Official

SWORN AND SUBSCRIBED BEFORE ME THIS _____ OF _____, 20 ____.

Signature of Notary _____ (Seal)

My Commission Expires _____

A Stamp or Seal must be placed here for this form to be valid.

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Please scan and email this form and all supporting documents to UC International Services at international.students@uc.edu and give the original documents to the student you are supporting.

If you can't scan and email your financial documents please mail the original documents to:

**UC International Services
51 W. Corry Street
3134 Edwards Center One
University of Cincinnati
Cincinnati, Ohio 45221-0640**