

Graduate Financial Support Verification

International students must prove the availability of funds to meet all estimated expenses for the duration of the educational program. This applies to new students as well as those wishing to transfer to Liberty and Liberty students seeking to enroll in a new program.

The following three (3) sections must be completed in their entirety (or similar documents must be submitted) for the student to be considered for admission:

1. Student Information
2. Parent/Sponsor Certification
3. Official Bank Certification (completed by bank/financial Institution **and** sponsor must provide a current bank statement indicating sufficient funds for the first year of study)

The Affidavit and Bank Certification documents must:

- ✓ Prove availability of sufficient funds to meet estimated expenses according to the table below
- ✓ Be completed and signed by the sponsor and bank official (bank seal required)
- ✓ Be no more than six months old

NOTE: Providing false information may jeopardize a student's visa status and/or admissions and financial aid status at Liberty University.

Estimated Expenses (Academic Year 2013-2014)*

PROGRAM	All Master's Degree Programs (Non-Seminary)	Seminary MA/MAR/MDiv/ThM	DMin/ PhD	Juris Doctor
Tuition	8,514	4,400	6,300	29,088
Fees	1,282	1,370	350	1,444
Room and Board**	7,976	7,976	7,976	7,250
Books + Supplies	700	700	700	1,800
Personal Expenses	1,000	1,000	1,000	3,500
Health Insurance***	854	854	854	854
Total	\$20,326	\$16,300	\$17,180	\$43,936

*All figures are given for informational purposes to assist applicants with budget planning. All figures are estimates and are subject to change.

** Based on Lowest Tier/Least Expensive On-Campus Housing. Off-campus housing expenses will vary considerably.

***Health insurance is mandatory for all international students. Student health insurance fees are added to the student's bill each semester of enrollment unless the student has adequate coverage from another source. Insurance coverage must be purchased for at least one semester in advance for a minimum of \$100,000 coverage. Additional health insurance must be purchased for each dependent.

--Add \$4,000 for summer expenses if you plan to remain in the U.S. during the summer months.

--Add \$5,000 per year for spouse and/or each child to the above totals.

1. Student Information:

Name: _____

Student ID: _____

Date of Birth: _____

E-mail Address: _____

I, _____, the student, have read and approve the statements on the back of this form. Under the conditions described on the back of this form, I expect to be able to complete my studies without help from any other source and without seeking additional scholarship after my arrival on campus. I understand that no additional scholarship will be awarded after my arrival on campus.

Student Signature: _____

Date: _____

2. Affidavit of Financial Support:

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Parent/Sponsor Certification:

Student Name:

Please Print *First Middle Last*

Sponsor Name:

Relationship to Applicant:

Please Print *First Middle Last*

Street Address:

City, State, Country:

Sponsor's Phone Number:

Country Code City Code Local Phone Number

I, _____, the sponsor, hereby certify that I have read the information on this form as provided by the applicant, and I am willing and able to provide the above named student with the amount of \$_____ per year, payable in US dollars, to complete his/her studies at Liberty University. I understand that the student is seeking a _____ degree in _____ and that ____ years of study are required for completion of the program.

By signing this document I support this student as he/she applies for a legal visa from the U.S. Department of State. I intend to contribute the specified funds towards this student's educational expenses for the duration of the degree program indicated. I understand that the student will not be able to earn enough from student employment to pay expenses and that additional scholarship assistance is generally not available after arriving in the US.

Signature of Parent/Sponsor:

Date:

3. Official Bank Certification:

I certify that the person listed on this form as Sponsor has been a client at this bank/financial institution for ____ years. I certify that to the best of my knowledge and in good faith, this client has the resources to provide the funds indicated on this form, to be used to meet the student's education expenses at Liberty University. I understand that this certification does not constitute a statement of responsibility on my part or that of the firm or bank I represent.

Name:

Title:

Please Print/Type *First Middle Last*

Signature:

Date:

Bank/Institution Address:

Number & Street

City or Town

State

Country

Place official bank stamp or seal here

