

# LIBERTY

## UNIVERSITY.

### 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 or sponsor must provide a current bank statement indicating sufficient funds for the first year of study). **If a bank statement is provided please black out account number prior to scanning and emailing/faxing to us.**

**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 2018-2019)\***

PROGRAM	LUCOM	Doctor of Nursing Practice Post BSN-DNP	Juris Doctor	DMin/PhD
Tuition	47,000	7,620	34,672	7,140
Fees	2,875	910	1,198	-
Room and Board**	10,000	10,000	10,000	10,000
Books + Supplies	8,352	1,000	1,800	700
Personal Expenses	10,260	1,000	3,500	1,000
Health Insurance***	1,142	1,142	1,142	1,142
<b>Total</b>	<b>\$79,629</b>	<b>\$21,822</b>	<b>\$52,312</b>	<b>\$19,982</b>

\*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.

**Item 1 Student information**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Email Address \_\_\_\_\_

I, \_\_\_\_\_, the student, have read and approved 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 scholarships after my arrival on campus. I understand that I cannot expect additional scholarships to be awarded after my arrival on campus.

\_\_\_\_\_  
Student Signature Date

**Item 2****Statement of Personal Financial Commitment (Parent/Sponsor Certification)**Please print clearly

I \_\_\_\_\_, commit to sponsoring \_\_\_\_\_ during his/her program of study at Liberty University in

\_\_\_\_\_ (Major). My relationship with the student is: \_\_\_\_\_

I understand that the estimated expenses for the first year of study to be approximately \$ \_\_\_\_\_ (USD) and I have that amount in the following account(s):

Bank Name	Bank City and Country	Account Balance	Account Currency
_____	_____	_____	_____
_____	_____	_____	_____

I commit to providing an amount of \$ \_\_\_\_\_ (USD) to student during his/her first year of study and I understand that the student's studies are expected to last for \_\_\_\_\_ number of years.

I am willing and able to continue providing for student during the second and following years through graduation.

My signature below as well as the bank documents included with this statement is my commitment, made in good faith, based on my ability, desire, and intention to sponsor the student named above for the duration of his/her initial program of study at Liberty University. I understand that failure to follow through on my commitment may result in the student being required to terminate his/her studies at Liberty University and/or depart the United States. I understand that if the student fails to maintain full-time enrollment while in the US, he/she falls out of status and faces possible arrest, deportation, and life-time loss of US visa privileges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Country, Postal Code

\_\_\_\_\_  
Phone number (including country code)

**Item 3****Bank Document**

Please include with this signed document one or more current bank statements (less than 6 months old from the date listed on the statement) or official bank letters documenting the availability of the funds indicated in Item 2 above. Bank statements and letters must indicate the sponsor's name.

All documents must be scanned and emailed at one time to the email address below.

**International Admissions Office**  
**Liberty University • 1971 University Boulevard • Lynchburg, Virginia 24515 Phone**  
**(800) 543-5317 • (434) 592-4118 • Fax (434) 522-0430**  
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