INTERNATIONAL STUDENT (F-1)
FINANCIAL STATEMENT FORM

This form is not an application for financial assistance. The Department of Homeland Security requires that every F-1 student show that funds are available for the first year of study and that adequate funding will also be available for subsequent years. Please complete either sponsor or student certification below and sign. **AN OFFICIAL LETTER OR STATEMENT FROM A BANKING INSTITUTION, DATED NOT MORE THAN 6 MONTHS PRIOR TO START DATE AND SHOWING LIQUID FUNDS AVAILABLE, MUST ACCOMPANY THIS FORM.**

Annual Expenses for 2020/21

Health Sciences: MS/ Dietetics

No Internship

Tuition and fees	$15,480	Additional costs for each dependent	$5,000
Housing (estimate)	10,600		
Books, insurance, misc.	3,400		
TOTAL	**$29,480**		

With Internship

Tuition and fees	$17,100
Housing (estimate)	10,600
Books, insurance, misc.	3,400
TOTAL	**$31,300**

Family/Sponsor Certification

This is to certify that I have agreed to provide the amount of funds stated above to the student for the purpose of full-time study at Dominican University, River Forest IL 60305. This commitment will continue for the duration of the student's course of study. The evidence of my resources in the form of an official bank letter/statement accompanies the statement. I also understand that it is not the responsibility of Dominican University to provide financial assistance to the student.

NAME OF STUDENT _____

NAME OF SPONSOR _____

RELATIONSHIP TO STUDENT _____

SIGNATURE OF SPONSOR _____ DATE _____

Student Certification

This is to certify that I agree to provide the amount of funds stated above from my own financial resources for the purpose of full-time study at Dominican University, River Forest IL 60305. This commitment will continue for the duration of my course of study. The evidence of my resources in the form of an official bank letter/statement accompanies the statement. I also understand that it is not the responsibility of Dominican University to provide me with financial assistance.

NAME OF STUDENT _____

SIGNATURE OF STUDENT _____

I certify that the above information is a correct statement of my arrangements for financing my studies and I understand that I am responsible for any debts incurred while attending Dominican University.

NAME OF STUDENT _____

SIGNATURE OF STUDENT _____DATE _____

RETURN THIS FORM TO: HEALTADMISSIONS, DOMINICAN UNIVERSITY, 7900 W. DIVISION ST., RIVER FOREST IL 60305