

FINANCIAL CERTIFICATION FORM
FOR INTERNATIONAL STUDENTS ADMITTED FOR FALL 2017
School of Architecture, Yale University

Last/Family Name: _____ First Name: _____ Date of Birth: _____ City of Birth: _____
 (mm/dd/yy)

Please respond to all below:

1. I am receiving funding from Yale University. ____yes ____no. If yes, please indicate amount: _____
2. I will be coming to Yale by myself ____with ____spouse ____with children ____ (indicate #)
3. I will attend a summer program at Yale prior to beginning my graduate studies. ____yes ____no
 If yes, please indicate which program: _____.

- You must submit documentation that you will have available the minimum sum of \$ 71,057 for the first year of your academic program at Yale University, plus additional funds if your spouse and/or child will accompany you to Yale.
- If you plan to bring dependents with you to the U.S. you must submit proof of an additional \$ ____ for your spouse or \$24,726 for a family with children above the estimated expenses for a single student. (Remember dependents in F-2 status cannot work in the U.S.)
- In order to assure that you will have sufficient time to receive your I-20 and apply for your visa, please submit your financial documents by no later than April 29, 2017.

Acceptable Forms of Financial Certification

The following forms of financial certification are acceptable:

1. An original bank statement (or certified copy) on bank stationery in your or your family's name. The statement must be issued within the last six (6) months and include your current balance in US dollars.
2. A photocopy of a scholarship letter in your name for study at Yale University.
3. If you are going to be supported by a US citizen or US permanent resident family member of friend, your sponsor must complete A U.S. Affidavit of Support Form (USCIS form I-134) accompanied by original financial documentation as required on the form.

ESTIMATED EXPENSES FOR THE ACADEMIC YEAR 2017-2018

| Estimated Expenses | Single Student | Student w/Spouse |
|---------------------------|----------------|------------------|
| Tuition | 49,550 | |
| Living Expenses | 19,132 | |
| Required Health Insurance | 2,375 | |
| TOTAL | 71,057 | |

**PLEASE IDENTIFY THE SOURCES AND AMOUNTS OF FINANCIAL SUPPORT
 FOR DURATION OF ACADEMIC PROGRAM - SEE CHART ABOVE FOR TOTAL OF FUNDS REQUIRED**

If your program is a two year program, indicate the anticipated source of funding for both years.

| Sources of Funding | Year #1 | Year #2 | Year #3 | Year #4 |
|--------------------|---------|---------|---------|---------|
| 1. | | | | |
| 2. | | | | |
| TOTALS | | | | |

I certify that I have truthfully stated the financial arrangements to support my studies at Yale University.

Signature: _____

Date: _____

RETURN WITH THE REQUIRED FINANCIAL DOCUMENTATION BY EMAIL TO: archfinancialaid@yale.edu
PLEASE INSERT THE FOLLOWING INTO THE SUBJECT LINE OF YOUR EMAIL: FINANCIAL FORM

DEPARTMENT USE ONLY:

Degree Program: _____ Expected Start Date: _____ Expected Graduation Date: _____
 Admissions Officer Name: _____ Initials: _____ Review Date: _____