



FALL 2024 INTERNATIONAL APPLICANT FINANCIAL FORM Oral & Maxillofacial Pathology Advanced Certificate

International applicants must affirm that they are responsible for paying all tuition, fees and living expenses for the entire period of the intended study program. Applicants must document the full cost of only the first year of study before the university can issue a Certificate of Visa Eligibility (Form I-20 or DS-2019).

- Instructions:**
- Part I** Answer questions 1–7 completely.
 - Part II** Indicate the sources of your funding, the amounts available, and the totals for each year, and have the sponsors verify these amounts by signing this form. Include required documentation as indicated below.

Applicants must document financial support equal to or greater than the amounts indicated below (one year of study). *These figures are estimated costs and are subject to increase without notice.*

Estimated Budget for First Year Oral & Maxillofacial Pathology Advanced Certificate Students

| | |
|--------------------------------------------|-----------------|
| TUITION | \$23,100 |
| FEES | \$6,600 |
| LIVING EXPENSES | \$23,000 |
| ESTIMATED TOTAL (per year of study) | \$52,700 |

The State University of New York sets tuition; it is subject to change without notice. Fees are estimated based on the student activity fee, comprehensive fees, the international student fee, and international student health insurance. Living Expenses are a 12-month estimate of costs associated with Buffalo's day-to-day life for a student from abroad. The above figures are estimated and are subject to change. Total costs typically increase 5% to 8% annually.

* Dependent Support

An F-1 student wishing to have his or her spouse and/or children accompany him or her must document the following amounts for each family member per academic year of intended study. A marriage certificate (in the original language along with an official English translation) must be provided for the dependent spouse. Birth certificates (in the original language along with an official English translation) must be provided for the dependent children.

- For spouse: \$8,400 per academic year
- For each child: \$6,300 per academic year

Forms of Financial Documentation

| Type of Documentation | |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Bank Letters | Acceptable |
| Bank Statements (Savings or Checking Accounts) | Acceptable |
| Certificates of Deposit (CD) Statements | Acceptable - maturity date must be earlier than anticipated enrollment date. |
| Chartered Accountant Statements | Not Acceptable |
| Employer Letters / Salary Statements | Not Acceptable |
| Line of Credit Letters | Acceptable |
| Loan Letters | Acceptable |
| Provident (Retirement) Fund Statements | Acceptable - if fund permits early withdrawal; value will be calculated at 75 percent of face value (or as determined by terms of the fund). |
| Scholarship Letters (Private, Government, School, etc.) | Acceptable |
| Stock Market Statements | Not Acceptable |
| Valuation Statements (Jewelry, Gold, Property) | Not Acceptable |

This information is required for visa eligibility determination only. All acceptable forms of documentation must be printed on official letterhead paper from the institution that issued the document. Documents must be dated within one year of the anticipated date the student will commence studies. Documents can be clear photocopies, scanned, faxed or original. All documents submitted to UB become the property of UB; they cannot be returned or forwarded to another person/institution.

University at Buffalo Oral & Maxillofacial Pathology Financial Form – FALL 2024

PART I

Important Note: Print your name exactly as it appears in your passport. If your passport lists no Surname or no Given Name, write a dash (—). In order to issue your I-20, we must have a copy of your passport biographical page; please send or fax this to the address below.

1. Name of applicant _____
Family/Surname First/Given name
2. Major _____ 3. Date of Birth ____/____/____
Month Day Year
4. Country of Birth _____ 5. City of Birth _____ 6. Primary Citizenship _____
7. E-mail address (print neatly in block letters): _____
8. I plan to come **without** dependents (spouse/children).
 I plan to come **with** dependents. The following dependents (spouse/children) will accompany me. (* See instruction page.)

| Surname / Given Names | Date of Birth | Country of Birth | City of Birth | Primary Citizenship | Relationship to Applicant |
|-----------------------|---------------|------------------|---------------|---------------------|---------------------------|
| | | | | | |
| | | | | | |

Add a separate sheet of paper if you need more space for additional dependents.

PART II

Applicants are responsible for all costs of attending the university. University costs are subject to change and increase an average of 5 percent annually. You and your sponsor must sign verification statements A. and B. at the bottom of this page indicating that you are responsible for all costs. Tick the appropriate statements below indicating where your first year of funding will come from (multiple sources are acceptable). Attach the appropriate financial documentation showing availability of one year's funding.

Source of Funds

Tick (✓) the boxes showing where your first year of funding will come from and indicate the amount that will come from that source. The total must amount to at least **\$52,700**.

| Source: | Amount: |
|---------------------------------------------------------------------------|----------|
| <input type="checkbox"/> I will pay from my own personal account. | \$ _____ |
| <input type="checkbox"/> My family will pay for my education. | \$ _____ |
| <input type="checkbox"/> I will have a scholarship from: _____ | \$ _____ |
| <input type="checkbox"/> I will have a student loan from: _____ | \$ _____ |
| <input type="checkbox"/> My Government/Company will pay for my education. | \$ _____ |
| <input type="checkbox"/> Other (specify): _____ | \$ _____ |
| Total: | \$ _____ |

Verification:

- A. **Sponsor:** This is to certify that I (we) the undersigned agree to provide the funds required for all years of study at the University at Buffalo and that I (we) are submitting bank statements indicating the availability of these funds.

Sponsor (1) signature Date Relationship to applicant

Sponsor (2) signature Date Relationship to applicant

- B. **Applicant:** This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

Applicant signature Date

SCAN and UPLOAD
this form with required
documentation into your
application portal.