

# 2021-22 INTERNATIONAL APPLICANT FINANCIAL FORM - Orthodontics, M.S. degree + Advanced Certificate

International applicants must *affirm* that they are responsible for paying all tuition, fees and living expenses for the entire period of intended study by completing the form on the next page. 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 and the amount available from each source; have your sponsors verify

their sponsorship by signing the form. Submit the required documentation as indicated below to show that you and your sponsors have available liquid assets equal to or greater than at least one year's cost.

### Estimated Budget for First Year Orthodontics, M.S. + Advanced Certificate Students

T UIT ION $^1$ \$23,100FEES (including health insurance) $^2$ \$24,058LIVING ALLOWANCE $^3$ \$32,945ESTIMATED TOTAL (per year of study)\$70,103

<sup>1</sup>Tuition indicated above is the 2020-21 tuition rate for the academic year only (September–May). Tuition and fees are subject to change. Tuition can increase annually (but doesn't always). Summer, winter and non-standard session tuition and fees are not included above.

<sup>2</sup>Includes mandatory university comprehensive fees and dental school program fees. Health insurance is calculated for a full calendar year.

The above figures are estimated costs and are subject to change without notice. Total costs typically increase 5% per annum.

#### \* 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: \$8,000 per academic year For each child: \$6,000 per academic year

#### **Financial Documentation**

Type of Documentation <sup>4</sup>			
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,	Acceptable		
School, etc.)			
Stock Market Statements	Not Acceptable		
Valuation Statements (Jewelry, Gold, Property)	Not Acceptable		

<sup>&</sup>lt;sup>4</sup> 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.

<sup>&</sup>lt;sup>3</sup> Minimum allowance for the least expensive on-campus housing and food costs for the Fall and Spring semesters (one academic year); optional Summer and Winter sessions and school breaks are not included (if the student were to live on campus in those periods). Also, includes an allowance for initial, basic books and supplies.

# $University\ at\ Buffalo\ Orthodontics,\ M.S.+Advanced\ Certificate\ Program\ Financial\ Form-2021-2022$

## PART I

mportant Note: Print your nam your I-20, we must have a copy					ven Name, wri	te a dash (—). In order to issue	
1. Name of applicant Family/Surname			First/Given name				
2. Major		3. I	Date of birth	//_ h Day	Year		
. Country of Birth		_ 5. City of Birth		_ 6. Primary (	Citizenship _		
. E-mail address (print nea	atly in block lette	ers):					
. □ I plan to come with o □ I plan to come with d			spouse/children) wil	ll accompany 1	ne. (* See ins	struction page.)	
Surname/ Given Names	Date of Birth	Country of Birth	City of Birth	Primary (	Citizenship	Relationship to Applicant	
	Δdd a senarai	L te sheet of paper if you	I need more space for	or additional de	nendents		
ART II Applicants are responsible formually. You and your sportick the appropriate stateme appropriate financial documents ource of Funds (ick (1) the boxes showing otal must amount to at least ource:  I will pay from my own My family will pay for a I will have a scholarship	nsor must sign ver nts below indicati entation showing a where your first at \$80,103. personal accoun ny education.	ification statements A. ang where your first year availability of one year tyear of funding will of the will of the wear of funding will of the will of the wear of funding will of the wear o	and B. at the bottom of of funding will come funding.  come from and indice  Amou  \$ \$	of this page indice from (multiple from the from	cating that you e sources are t that will con	u are responsible for all costs. acceptable). Attach the	
I will have a student loa							
☐ My Government/Company will pay for my education.							
☐ Other (specify):							
			Total: \$				
Verification:							
A. Sponsor: This is to certify that I (we) the undersigned agree to provide the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and that I (we) are submitting bank statements indicate the University at Buffalo and the University at Buffalo					this fo docun	I and UPLOAD  rm with required  nentation into your	
Sponsor (1) signature		Date	Relationship to applicant	t	preferr	ation portal. This is the ed method of submitting nancial documentation.	
Sponsor (2) signature		Date	Relationship to a pplicant			this form with required entation to your department.	
Sponsor (3) signature		Date	Relationship to applicant	t	OR		
B. <b>Applicant:</b> 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.					require	L this form (scanned) with d documentation (scanned) to your ment: sdmpg@buffalo.edu	
A policant signature			Date				