

### 2022-23 INTERNATIONAL APPLICANT FINANCIAL FORM – International Dentist Program

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 IDP Students**

FEES (including health insurance)<sup>2</sup> \$114,230 LIVING ALLOWANCE3 \$26,000 **ESTIMATED** TOTAL (per year of study) \$203,810

<sup>1</sup>Tuition indicated above is the actual 2021-22 tuition rate for the academic year only (September–May). Tuition and fees are subject to change. Tuition can increase annually (but doesn't always). Initial summer session tuition and fees are included above.

2875,000 of the above fees is a one-time charge for the initial Continuing Education Summer Program and will be excluded in the second year of the program. Includes

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, School, etc.)	Acceptable
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

mandatory university comprehensive fees and dental school program fees. Health insurance is calculated for a full calendar year.

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 International Dentist Program Financial Form – 2022-23**

PART		41 :4	:	16	1:-4 C	C:	N	to a deals ( ) To and on the increase	
	20, we must have a copy						Name, wri	te a dash (—). In order to issue	
1. Name of applicant			First/Given name						
2. Major 3.			3. Date of Birth	. Date of Birth//Year					
4 Cou	ıntry of Birth								
	nail address (print near								
								<del></del> -	
	I plan to come with ou I plan to come with de			nts (spouse/child	lren) will acco	ompany me.	(* See ins	truction page.)	
Surr	name / Given Names	Date of Birth	Country of Birth	City of B	Sirth	Primary Citi	zenship	Relationship to Applicant	
		Add a samenat	e sheet of paper if	m and manua	amana famadd	itional dance	a domt o		
		Add a separat	e sneet of paper if	you need more	space for add	itional depei	idents.		
PART	ГП								
annua Tick t	cants are responsible fo lly. You and your spon- he appropriate statemer priate financial docume	sor must sign veri nts below indication	fication statements ng where your first	A. and B. at the year of funding	bottom of this	page indicat	ing that yo	u are responsible for all costs.	
	-	C	, ,	Č					
	ce of Funds	whome very finet	vecon of fronding v	ill aama fuam a	md indicate th		. at rrv11 a a m	no from that sayros. The	
	must amount to at least		year of funding w	an come from a	ind indicate tr	ie amount tr	iat will con	ne from that source. The	
Sour					Amount:				
☐ I will pay from my own personal account.				\$ \$					
☐ My family will pay for my education. ☐ I will have a scholarship from:				*					
	will have a student loar								
	y Government/Compa								
	ther (specify):				\$				
	(1 )/ =====			Total:	\$		-		
Verif	ication:								
		es a a Table Nation	1 . 1	.1461	16 11 (	C . 1 .			
A.	<b>ponsor:</b> This is to certify that I (we) the undersigned agree to provide the University at Buffalo and that I (we) are submitting bank statements income the university at Buffalo and that I (we) are submitting bank statements income the university at Buffalo and that I (we) are submitting bank statements income the undersigned agree to provide the undersigned agree to the u						this for	and UPLOAD  m with required tentation into your	
	Sponsor (1) signature		Date	Relationship to a pplic ant		-	application portal. This is the preferred method of submitting your financial documentation.		
	Sponsor (2) signature		Date	Relationship to applicant			not scan and upload your s into your application u may:		
	Sponsor (3) signature Date		Relationship	Relationship to applicant		MAIL			
В.	Applicant: This is to certify that the information given on this form knowledge. I am fully aware that any false or misleading statement will			is complete and accurate to the best of my			docume Assista Initiat Universit	m with required intation to Mr. Luke Ramey, at Director of Student / Community ives ty at Buffalo School of Dental Medicine nine Hall, Buffalo, NY 14214.	
	Applicant signature			Date	Date			L m with required entation to idp@buffalo.edu.	



# $\label{lem:constraint} \begin{tabular}{ll} \textbf{University at Buffalo International Dentist Program Financial Form $-2021-22$ \\ \textbf{REQUIRED SUPPLEMENTAL QUESTIONS} \end{tabular}$

1.	City and Country of Birth:							
	City							
	Country							
2.	. Country of Citizenship:							
3.	. Are you a Permanent Resident of the U.S.?	No						
4.	. If you are not a Permanent Resident, have you applied for permanent resident status?	No						
5.	. If you are currently in the U.S., indicate what type of visa you hold: _	Please specify						
ô.	. Check here ☐ if you will need an F-1 Student Visa.							
7.	. Canadian Citizens and Canadian Permanent Residents only:							
	☐ I will commute from Canada and study: ☐ Full Time	☐ Part Time						
	☐ I will not commute; I will establish temporary residence in the U.S.							