

## 2023-24 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 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 Oral & Maxillofacial Pathology Advanced Certificate Students

 TUITION¹
 \$23,100

 FEES (including health insurance)²
 \$ 6,545

 LIVING ALLOWANCE³
 \$23,000

 ESTIMATED TOTAL (per year of study)
 \$52,645

<sup>1</sup>Tuition indicated above is the 2022-23 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.

## \* 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.

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

# University at Buffalo Oral & Maxillofacial Pathology Advanced Certificate Program Financial Form – 2023-2024

### PART I

Finallie of applicant F	lame of applicant Family/Surname		First/Given name						
Major		3	3. Date of birth/ / Year						
.9 ==			31 01111	Month	Day	Year	_		
Country of Birth	Country of Birth 5. City of Birth _				6. Primary Citizenship				
E-mail address (print ne	atly in block letter	rs):							
☐ I plan to come with ☐ I plan to come with			(spouse/child	lren) will acco	ompany me. (	* See ins	truction page.)		
Surname / Given Names	Date of Birth	Country of Birth	City of B	irth	Primary Citiz	enship	Relationship to Applicant		
	Add a separat	e sheet of paper if yo	ou need more	space for add	litional depen	dents.			
ART II									
ck the appropriate statement or opriate financial docum					F-1 300		*		
urce of Funds									
ck $(\checkmark)$ the boxes showing all must amount to at least		year of funding will	l come from a	nd indicate th	e amount tha	t will con	ne from that source. The		
urce: I will pay from my own	n narconal account			Amount:					
My family will pay for	-	•		\$ \$					
I will have a scholarshi	-			\$					
I will have a student lo				\$					
My Government/Company will pay for my education.									
Other (specify):				\$					
		Total:	\$						
erification:									
• g		lersigned agree to provide							
	and that I (we) are culm	nitting bank statements inc	dicating the availa		nds.	~~			
A. <b>Sponsor:</b> This is to ce the University at Buffalo	and that I (we) are such	inting outin statements in	Ü	bility of these fur		SCAN	and UPLOAD		
	and that I (we) are such	and statements and	C	bility of these ful		this for	m with required		
the University at Buffalo	and that I (we) are such		Relationship t			this for docum applica	m with required entation into your tion portal. This is the		
	and that I (we) are such	Date	Relationship t			this for docum applica preferr	m with required entation into your tion portal. This is the ed method of submitting		
the University at Buffalo	and that I (we) are such			o applicant		this for docum applica preferr your fi	m with required entation into your tion portal. This is the		
the University at Buffalo	and that I (we) are such		Relationship t	o applicant		this for docum applica preferr your fi	m with required entation into your tion portal. This is the ed method of submitting nancial documentation.		
Sponsor (1) signature	and that I (we) are such	Date		o applicant		this for docum applica preferr your fi OR MAIL	m with required entation into your tion portal. This is the ed method of submitting		
Sponsor (1) signature	and that I (we) are such	Date		o applicant		this for docum applica preferr your fi OR MAIL	m with required entation into your tion portal. This is the ed method of submitting nancial documentation.		
Sponsor (1) signature  Sponsor (2) signature  Sponsor (3) signature	certify that the informa	Date  Date  Date  tion given on this form is	Relationship to Relationship to complete and acc	o applicant o applicant o applicant urate to the best o		this for docum applica preferr your fi  OR  MAIL documer  OR  EMAI required	m with required entation into your tion portal. This is the ed method of submitting nancial documentation.		
Sponsor (1) signature  Sponsor (2) signature  Sponsor (3) signature  Applicant: This is to	certify that the informa	Date  Date  Date  tion given on this form is	Relationship to Relationship to complete and acc	o applicant o applicant o applicant urate to the best o		this for docum applica preferr your fi  OR  MAIL documer  OR  EMAI required	m with required entation into your tion portal. This is the ed method of submitting nancial documentation.  this form with required ntation to your department.  L this form (scanned) with documentation (scanned) to your		