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 this 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).

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

- **Tuition**: $23,100
- **Fees (including health insurance)**: $38,320
- **Living Allowance**: $23,000

**Estimated Total** (per year of study): **$84,420**

1. 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.
2. Includes mandatory university comprehensive fees and dental school program fees. Health insurance is calculated for a full calendar year.
3. 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.*

**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**

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

4 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 Orthodontics, M.S. + Advanced Certificate Program Financial Form – 2023-2024

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


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.)

<table>
<thead>
<tr>
<th>Surname / Given Names</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>City of Birth</th>
<th>Primary Citizenship</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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 $84,420.

Source:  
☐ I will pay from my own personal account. $__________________  
☐ My family will pay for my education. $__________________  
☐ I will have a scholarship from: __________________________. $__________________  
☐ I will have a student loan from: __________________________. $__________________  
☐ 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 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 ___________________________

Sponsor (3) 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 __________