

# FALL 2024 INTERNATIONAL APPLICANT FINANCIAL FORM International Dentist Program (IDP)

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 IDP Students**

 TUITION
 \$63,600

 FEES
 \$112,100

 LIVING EXPENSES
 \$27,000

 ESTIMATED TOTAL (per year of study)
 \$202,700

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 International Dentist Program Financial Form – FALL 2024

PART I								
	e: Print vour nam	ne exactly as it appe	ears in your passport. If	vour passport	lists no Surn	ame or no Given	Name, wri	te a dash (—). In order to issue
			piographical page; pleas					( )
1. Name of a	nnlicant							
1. Name of a	Fa:	mily/Surname		First/Given name				
2.16:		•	2					
2. Major			3.	Date of Birth	Month /	/	Year	
4. Country of	f Birth		5. City of Birth			6. Primary Citiz	enship	
7. E-mail add	dress (print nea	tlv in block letter	rs):					
8.  I plan t	to come withou	it dependents (sp	ouse/children). ollowing dependents	(am auga/ahila	م 11نبير (سمسا		(* Casima	tmustice mass
□ 1 pian i	to come with do	ependents. The fo	onowing dependents	(spouse/cniic	iren) wili a	ccompany me.	( See ins	truction page.)
Surname / C	Given Names	Date of Birth	Country of Birth	City of B	irth	Primary Citiz	enship	Relationship to Applicant
						+		
		Add a separat	te sheet of paper if yo	ou need more	space for a	ıdditional deper	idents.	
		•			•	•		
PART II								
Applicants ar	e responsible for	r all costs of atten	ding the university. U	niversity costs	are subject	to change and in	ncrease an	average of 5 percent are responsible for all costs.
			ng where your first yea					
			vailability of one year		viii come m	om (mampie soc	nees are a	eceptatore). Transfer the
~ 45								
Source of Fu			0.0 11 111	2				0 1
	boxes showing nount to at least		year of funding will	come from a	nd indicate	the amount tha	it will con	ne from that source. The
	nount to at least	1 \$202,700.						
Source:  ☐ I will pay from my own personal account.					Amount:			
☐ 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):								
(openij)			\$ Total: \$					
				Total.	Ψ			
Verification	:							
			dersigned agree to provide					
at the U	niversity at Bunaio	and that I (we) are su	bmitting bank statements i	ndicating the ava	madinty of the	ese runds.	SC	CAN and UPLOAD
								is form with required
Sponsor (1) signature		Date Relationship to applicant			documentation into your application portal.			
Sponsor	r (1) signature		Date	Relationship t	o applicant			apprication portain
Engran	r (2) signatura		Date	Relationship t	o annlicent	_		
Sponsor (2) signature Date			Dale	Keiationsnip t	о аррисані			
D 4 **	4 -							
			ation given on this form is on sleading statement will resu					

Date

Applicant signature