



Certification of Financial Responsibility

NOTE: This form is not an application for admission but is required supplementary information. Immigration documents cannot be issued to you until you have been admitted to the English Language Institute and you have completed this form satisfactorily and returned it to this office. This form is valid for ONE YEAR ONLY from date of signature. Unsigned forms will not be accepted.

Return To: University of Florida English Language Institute, PO Box 117051, 223 Matherly Hall, Gainesville, FL 32611-7051

Name:

family name first name other names

Address to receive correspondence:

number & street city country

Date of birth: (month/date/year) Phone number:

Email Address

Country of birth:

Country of citizenship:

What is your occupation in your home country?

When do you plan to enter the ELI?

- June 26, 2018 (Summer B)
August 28, 2018 (Fall C)
October 16, 2018 (Fall B)

List the following information for all dependents you plan to bring with you:

Table with 4 columns: Name (as it appears on passport), Relationship, Date/Place of Birth, Nationality

We require proof of financial support for the first session. Spring C (\$9950); Spring B (\$5515); Summer C (\$7890); Summer B (\$4790); Fall C (\$9950); Fall B (\$5515). These figures are estimates of the total cost per semester; they do not include your travel expenses. When computing expenses, remember that students holding student (F) or exchange (J) visas will not be authorized to work off campus. Therefore, applicants should not look to employment, either part-time during the academic year or full-time during the summer, as a significant means of support while at the ELI. Under no circumstances are students permitted to work full-time during the academic year.

If you are a married applicant who plans to bring your spouse and/or children, you must certify funds for a minimum of an additional \$1,500 per session for each dependent child, and \$3,000 for dependent spouse. Health and accident insurance is mandatory for all international students on F-1 visas registered at the University of Florida. The cost per 15-week session for a single student would be approximately \$732.

You may also need this documentation to prove to the United States Consular Operations that you have sufficient funds. We suggest, therefore, that you make copies of all documents for this purpose.

**PLEASE PRINT OR TYPE THE FOLLOWING SECTION (except signatures)**

Sources of Financial Support	Amount in U.S. Dollars	
1. Personal and/or family savings (a bank official's notarized signature below or on an attached letter of certification is required if the applicant will be supported in whole or in part by personal family savings). Support is offered for a total of _____ months.	\$ _____	
2. Government Sponsor. Print name below and enclose a signed letter certifying sponsorship: _____	\$ _____	THIS SPACE IS FOR NOTARY STAMP AND SIGNATURE
3. Other. Specify below and enclose a signed certification: _____	\$ _____	
_____ _____	\$ _____ \$ _____ \$ _____	

**THE SECTION BELOW MUST BE COMPLETED BY APPLICANT'S BANK AND SPONSOR'S OFFICIAL CERTIFICATION OF SOURCES OF FUNDS**

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available and will be provided as specified:

Parent or sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or sponsor's name (PRINT): \_\_\_\_\_

Relationship of sponsor to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available:

Bank official's signature: \_\_\_\_\_ Title: \_\_\_\_\_

Bank official's name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of bank: \_\_\_\_\_  
(Include bank stamp or seal.)

I certify that the information I have provided is correct and complete and that I shall not require additional financial assistance from the University of Florida. If any of the information changes prior to my enrollment at the ELI, I will immediately notify the ELI. I understand that making false or fraudulent statements within this Certification of Financial Responsibility may result in disciplinary action.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_