



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
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Address to receive correspondence:

number & street	city	country
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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?

- ____ October 17, 2017 (Fall B)
- ____ January 16, 2018 (Spring C)
- ____ March 7, 2018 (Spring B)
- ____ May 15, 2018 (Summer C)
- ____ June 26, 2018 (Summer B)

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

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 (\$9900); Fall B (\$5415). 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 \$585.

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: _____