

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. **Unsigned** forms will **not** be accepted. The UF ELI may ask for additional documentation if required.

Name:

family name	first name	other names
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Address:

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? _____

What semesters do you plan to enroll in?

- ____ Summer C 2023 (May 16, 2023 to August 11, 2023)
- ____ Summer B 2023 (June 28, 2023 to August 11, 2023)
- ____ Fall C 2023. (August 29, 2023 to December 8, 2023)
- ____ Fall B 2022 (October 18, 2023 to December 8, 2023)
- ____ Spring C 2024 (January 16, 2024 to April 26, 2024)
- ____ Spring B 2024 (March 6, 2024 to April 26, 2024)
- ____ Summer C 2024 (May 14, 2024 to August 9, 2024)
- ____ Summer B 2024 (June 26, 2024 to August 19, 2024)

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
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We require *proof* of financial support for the each session you plan to enroll: Summer C 2023 (\$8,245); Summer B 2023 (\$5,510); Fall C 2023 (\$10,985); Fall B 2023 (\$6,520); Spring C 2024 (\$10,985); Spring B 2024 (\$6,520); Summer C 2024 (\$8,245); Summer B 2024 (\$5,510).

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. On campus employment is available for F-1 visa holders but it is not a significant means of support while at the ELI.

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 16-week session for a single student would be between \$800.00 - \$900.00, depending on the student's age.

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 signature and stamp below and/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 of agency) _____ (Enclose signed copy of letter certifying sponsorship)	\$ _____	THIS SPACE IS FOR NOTARY STAMP AND SIGNATURE
4. Other (Specify below and enclose a signed certification.) _____ _____ _____	\$ _____ \$ _____ \$ _____	

THE SECTION BELOW MUST BE COMPLETED BY ALL APPLICANTS 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 and contact information (address and phone number):

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, address, phone number, and email address of the 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 or denial of admission.

Applicants Signature: _____ Date: _____