



## **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: \_\_\_\_\_

Address:

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?

Spring B 2026 (February 25, 2026 to April 24, 2026)  
 Summer C 2026 (May 12, 2026 to August 7, 2026)  
 Summer B 2026 (June 24, 2026 to August 7, 2026)  
 Fall C 2026 (August 25, 2025 to December 4, 2025)  
 Fall B 2025 (October 7, 2025 to December 4, 2025)

**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 each session you plan to enroll: Spring B 2026 (\$7,740); Summer C 2026 (\$8,770); Summer B 2026 (\$ 5,620); Fall C 2026 (\$11,850); Fall B 2026 (\$7,740)

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) 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 and cannot be guaranteed.

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)**

<b>Sources of Financial Support</b>	<b>Amount in U.S. Dollars</b>
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)	\$ _____
4. Other (Specify below and enclose a signed certification.)  _____ _____ _____	\$ _____ \$ _____ \$ _____
	THIS SPACE IS FOR NOTARY STAMP AND SIGNATURE

**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: \_\_\_\_\_