INTERNATIONAL STUDENT CERTIFICATION OF FINANCES

This information will be provided to the U.S. government

SECTION A

Name _____ _____ _____
Family/Surname First/Given Name Middle Name

Date of Birth ____/____/____
Month Day Year

Permanent Foreign Address

Address _____

_____

City _____

Province/Territory _____ Postal Code _____

Country _____

Phone Number + ( ) – ( )
Country Code Number

&LW\ RQ GQ WL UWK

&RXQWU\ RI &LWL]HQVKLS _____

(PDLO $GGUHVV _____

Please provide a copy of the photo page of your valid passport. Your passport must be valid for more than six months after the start date of classes.

Are you currently in the United States or currently hold a valid U.S. Visa (other than a B visa)?

- w Yes, go to Section B
- w No, go to Section C

SECTION B

If currently in the United States, or currently hold a a valid U.S. Visa (other than a B visa), list your address within the United States.

Address _____

_____

City _____

State _____

Postal Code _____

U.S. Phone Number ( ) _____

Please provide a copy of your U.S. Visa stamp, if available.