

FINANCIAL AFFIDAVIT OF SUPPORT



Part 1

Family Name (Last) _____ Given (First) _____ Middle _____

Gender: ☐ Male ☐ Female

Date of Birth (mm/dd/yyyy) _____

Country of Birth _____ Country of Citizenship _____

Do you expect to come to the U.S.: ☐ Alone ☐ With Spouse ☐ With Children

Dependents (if applicable): _____

Family (Last) Name	Given (First) Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship
Family (Last) Name	Given (First) Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship

If you are currently outside the U.S., what type of visa do you wish to receive? ☐ F-1 ☐ J-1

If you are currently in the U.S., what type of visa do you hold? _____

Do you plan to: ☐ Travel to apply for a visa ☐ Apply for a Change of Status within the US

If you are currently in the U.S. on an F-1 or J-1 visa, which school, college, university or institute issued your I-20 or DS-2019? _____

Name and address of institution _____

Address where I-20 or DS-2019 form should be sent: _____

Send to this address until (date) _____ Telephone _____ Email _____

TUITION AND ESTIMATED LIVING EXPENSES 2023–2024 ACADEMIC YEAR

UNDERGRADUATE PROGRAMS	TUITION ESTIMATED	GRADUATE PROGRAMS	TUITION ESTIMATED
Driehaus College of Business	\$43,665	College of Communication	\$25,792
College of Communication	\$43,665	College of Liberal Arts and Social Sciences	\$24,256
College of Liberal Arts and Social Sciences	\$43,665	College of Education	\$22,240
College of Computing and Digital Media (CDM)	\$43,665	College of Computing and Digital Media (CDM)	\$29,376
College of Education	\$43,665	College of Science and Health	\$24,960
College of Science and Health	\$43,665	Kellstadt Graduate School of Business	\$36,672
School of Music	\$45,030	Kellstadt Graduate School of Business Full-time MBA	\$55,008
The Theatre School	\$45,030	School of Music –Graduate programs	\$22,800
The School for Continuing and Professional Studies	\$18,360	–Certificate programs	\$17,100
(Based upon full-time status = enrolled in three or four courses per quarter.)		The Theatre School	\$38,773
		The School for Continuing and Professional Studies	\$22,240
		College of Law (JD)	\$51,649
		College of Law (LLM)	\$40,512
		College of Law (MJ)	\$21,780

Living and health insurance expenses:

\$19,900 a year (10 months) for all programs other than College of Law
\$23,600 a year (12 months) for the College of Law

Dependent expenses:

\$5,000 for the first dependent, \$4,000 for each additional dependent

Part 2

DECLARATION OF FINANCIAL SUPPORT

SOURCE OF FUNDS	AMOUNT ASSURED 1ST YEAR	REQUIRED DOCUMENTATION
Student's personal funds:	U.S.\$ _____	<input type="checkbox"/> Copy of bank statement
Family support:	U.S.\$ _____	<input type="checkbox"/> Sponsor's certification and copy of bank statement Name and relationship of family member(s): _____ _____
Other support:	U.S.\$ _____	<input type="checkbox"/> Sponsor's certification and copy of bank statement Name and relationship of sponsor(s): _____ _____
DePaul University support:	U.S.\$ _____	<input type="checkbox"/> Copy of award letter Type of award: _____
Government/agency support:	U.S.\$ _____	<input type="checkbox"/> Copy of letter or document from government/agency Name of organization: _____
TOTAL SUPPORT	U.S. \$ _____	This amount should add up to the tuition and estimated living expenses on page 1 of the Affidavit.

CERTIFICATION OF AGREEMENT BY STUDENT

I understand that as a non-immigrant student, I am expected to engage in full-time study at DePaul University. I certify that I have arranged for financial support for the duration of my studies at DePaul and have truthfully stated the financial arrangements above. I understand that by law I cannot expect to work to support my studies and that I cannot expect to receive financial aid after my arrival.

Student signature _____ Date _____

CERTIFICATION OF AGREEMENT BY SPONSOR

I certify that I, _____, am able and willing to provide financial support to _____
for the total amount of U.S. \$ _____ per year while she/he studies at DePaul University.

Name of student

Sponsor's signature _____ Date _____

Sponsor's address _____ Tel _____

_____ Fax _____