

Graduate School Financial Affidavit of Support for International Students

Required of all international applicants seeking F-1 visa status.

Legal Name			
Last First		Middle	
Date of Birth (mm/dd/yyyy)	//_	-	
If currently residing in the U.S., what	t was your date of	f entry? (mm/dd/yyyy))
Do you plan to change your visa stat	us? □ No □ Yes	If yes, from	to
Current F-1 Visa Holders Have you attended another academic	ic program in F-1	status during the five I	months preceding your desired start date
at Cedarville University? \square No \square Y	es		
If yes, what is your SEVIS ID?	P!	lease list school or uni	versity:
transfer form, signed by your curren	t DSO along with	copies of your current	lle University must have a completed I-20: I-20 and F-1 visa. Cedarville University al at the school you currently attend.
Financial Responsibility			
• •		your program, listed b	pelow, and indicate on your Affidavit of
If the program you desire is not liste student visa.	d, it is not availab	le for on-campus stud	y and therefore does not qualify for a
2024-2025 Estimated Costs for Fi	rst Year Attenda	ance	
Program of Study	Master of Divinit	<u>Doctor</u>	of Pharmacy P1-P3

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Tuition	\$	13,080	\$	42,862	
Fees	\$	0	\$	1,100	
Textbooks & Supplies	\$	758	\$	1,882	
Travel/Personal	\$	5,000	\$	5,000	
Living Expenses*	\$	15,000	\$	15,000	
Total	\$	33,838	\$	65,884	

^{*}Includes personal expenses, rent, food, utilities

Cedarville University requires all financial documentation to be <u>original, certified, and dated</u> within the last six months. Supporting bank statements are required from each sponsor and must show a balance of the funds equal to or exceeding the amount promised for the first year of study. Documentation and correspondence should be directed to <u>gradadmissions@cedarville.edu</u>.

Additionally, all financial support and associated bank documents must meet or exceed the anticipated cost of attendance for the full first year of study.

Funding Requirements for F-1 Visa Applicants

Family/Friend/Self: Affidavit of support and supporting bank statement(s).

Government Sponsorship: Original letter of support stating the exact terms and length of the scholarship. This letter should include any stated provisions, such as program and duration of study. The financial affidavit is not required.

ndicate sponsoring agency, if applicable:				
Which is your desired program of study? ☐ M.Min	n. 🗆 M.Div. 🗆 Pharm.D.			
Sponsor A	Sponsor B			
Last Name	Last Name			
First Name	First Name			
Address	Address			
Relationship to Student	Relationship to Student			
Funding Source: ☐ Savings account ☐ Trust Fund	Funding Source: ☐ Savings account ☐ Trust Fund			
☐ Brokerage account ☐ Other	☐ Brokerage account ☐ Other			
Amount of Guaranteed Support in U.S. Dollars	Amount of Guaranteed Support in U.S. Dollars			
First Year of Study \$	First Year of Study \$			
Other Years of Study \$	Other Years of Study \$			
Bank/Business	Bank/Business			
Address	Address			
Website	Website			
I certify that I have read and fully understand these stated requirements and maintain the financial solvency to support the academic studies of the above student for her/his length of stay in the United States. I further understand that I am signing this affidavit for the purpose of issuing a U.S government visa document and should I provide false information, Cedarville University is under no funding obligation.	I certify that I have read and fully understand these stated requirements and maintain the financial solvency to support the academic studies of the above student for her/his length of stay in the United States. I further understand that I am signing this affidavit for the purpose of issuing a U.S government visa document and should I provide false information, Cedarville University is under no funding obligation.			
Sponsor's Signature	Sponsor's Signature			
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)			