

## Office of International Programs Tel: 773-442-4796; 773-442-4799

## **Financial Statement for International Visiting Students**

## **Students Paying 75% Percent** Required for DS-2019 Processing

Student Name:(Family/Last Name)	(Given/F	First Name)		
Proposed length of study (choose one):  ☐ 5-month Program I: Fall 2017 Second Department of the program: Fall 2017 & Second Department of the program of the proposed length of study (choose one):	_		Лау 08, 2018)	
International exchange students pay tuition and fee partial tuition waivers for the visiting students. The insurance, local transportation, living expenses, minimum amount needed for your study and living	ne visiting students will books and supplies. E	be responsible for <b>disco</b> Based on the program ler	unted tuition, full fee	es, airfare, medical ures indicate the
Description	5 months – ugr.	10 months – ugr.	5 months – gr.	10 months – gr.
Tuition and Fees	8,344.56	16,889.12	6,513.12	13,026.24
Medical Insurance	875.25	1,750.50	875.25	1,750.50
Books and Supplies	800.00	1,600.00	800.00	1,600.00
Local Transportation	128.00	256.00	128.00	256.00
Living Expenses (including housing, food, etc.)	5,000.00	10,000.00	5,000.00	10,000.00
<b>Estimated Total (in USD):</b>	US\$ 15,147.81	US\$ 30,295.62	US\$ 13,316.37	US\$ 26,632.74
account balance. The total of all bank letters of the financial guarantors must equal the estimated amount indicated above.  You and your sponsor(s) must: 1) complete the section below; and 2) attach bank letter(s) showing that funds are available for the total estimated costs, as indicated above, for the program in which you plan to participate.  The bank letter must be presented in English or in the mother tongue with official translation into English and the amount MUST be stated in U.S. dollars or appropriate currency exchange information must be furnished.				
Sponsor 1: Name	Relationship to Student			
Address:				<del></del>
ponsor's Signature:		Da	Date:	
Sponsor 2: Name	Relationship to Student			
Address:				
Sponsor's Signature:		Dat	te:	
Applicant's Certification  I certify that the financial information furnished is a complete and accurate statement of resources available for study in the United States. I understand that submission of inaccurate information can be considered sufficient cause for terminating my enrollment and revoking my J-1 status at Northeastern.  Student's Signature:				
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