

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

## **Financial Statement for International Exchange Students** Required for DS-2019 Processing

	ne:(Family/Last Name)	(Given/First Name)	<del></del>	
	(Fainity/Last Name)	(Given/First (value)		
Proposed lea	ngth of study (choose one):			
□ 5-	month Program I: Fall 2017 Semester (Augu	st 28—December 18, 2	017)	
	-month Program: Fall 2017 & Spring 2018 S			
			•	
International e	xchange students pay tuition and fees to their hom	e institution. Northeaster	n Illinois University (Northeastern) will provide	
	waivers for the exchange students. The exchange			
	n, living expenses, books, and supplies. Based o			
needed for you	or study and living expenses in the Chicago area: (	These figures are subject	to increase without notice.)	
	Description	5 months (Fall'17)	10 months (Fall '17 & Spg '18	
	Medical Insurance	875.25	1,750.50	
	Books and Supplies	800.00	1,600.00	
	Local Transportation	128.00	256.00	
	Living Expenses (including housing, food, etc.)	5,000.00	10,000.00	
	Estimated Total (in USD):	US\$ 6,803.25	US\$ 13,606.50	
	Estimated Total (III CS2).	C 5	C54 12,000i20	
	er must be presented in English or in the mothe dollars or appropriate currency exchange info			be
Sponsor 1: Na	me		Relationship to Student	be
•	me		Relationship to Student	be
Address:			Relationship to Student  Date:	be
Address:Sponsor's Sig	nature:		Date:	be
Address:Sponsor's Sig				be
Address: Sponsor's Sig Sponsor 2: Na	nature:		Date:	be
Address: Sponsor's Sig Sponsor 2: Na Address:	nature:me		Date:	be
Address: Sponsor's Sig Sponsor 2: Na Address:	mature:		Date:  Relationship to Student	be
Address: Sponsor's Sig Sponsor 2: Na Address: Sponsor's Sig I certify that the I understand the	menature:	ant's Certification d accurate statement of re	Date:  Relationship to Student  Date:  Date:	be