

1950 Third Street La Verne, CA 91750 909.593-3511. Ext. 4330 Fax: 909.392.0713 www.laverne.edu/isas

Knowledge Service Vision

FINANCIAL STATEMENT for INTERNATIONAL STUDENTS For the Academic Year 2010-2011

I,	(Print full name of applicant) affirm that ay all of my necessary expenses for one year, and I will be able to		
		sary expenses for one year, and I wi	ll be able to
pay for travel from and to my home country			
I have attached a photocopy of the p			
I am a) requesting an I-20 for in			
b) transferring in SEVIS fr	om another insti	tution in the U.S. to ULV.	
Please check one:			
Undergraduate	\$45.640	D. Education (EdD)	\$31,615
<i> MBA</i> , <i>MPA</i> , <i>MSLM</i> *	\$27 570	D Pub Admin (DPA)	\$31,615
M.S. Gerontology, MHA	\$27.570 <u>-</u>	D. Psychology (PsyD):	\$44,075
M.S. Gerontology, MHA M.A. Education :	\$27.000	$\frac{1}{D}(Law)$	\$61,597
*Masters of Business Administration, Masters of Pub	lic Administration; N	Masters of Science Leadership and Manageme	ent
I grant permission to the University of La V			
	(Print nc	ame of sponsor. Print your name if y	ou are
providing funds for yourself.)			
Signature of Applicant:		Date:	
Sponsor Verification			
Please obtain the signature of your sponse	or. Remember, y	you can be your own sponsor.	
Name of Sponsor as indicated on Bank Sta	tement:		
Relationship to you:			
Address:		· · · · · · · · · · · · · · · · · · ·	
Country			
I guarantee that funds in the amount of			
will be available for		(Name of Student) during l	nis/her
period of stay at ULV.			
Name of Sponsor (print):			
Signature of Sponsor:			
Date:			

Certificate of Availability of Funds

Documentation, such as letters of sponsorship and bank statement, are required. They must be attached to this form to verify funds for your education and must be dated within 30 days of the date your application is received at the university and within 90 days of your anticipated start date. All documents must be dated and must refer to the semester/term of anticipated enrollment. These documents should be originals and must be on official letterhead or bear the seal of the bank. Signatures, printed names, and official titles must be provided by each person certifying availability of funds.

I certify that the statements on this form are true and correct. I further understand that any questions answered falsely may result in cancellation of my application. If false statements are discovered after I enroll, I may be subject to dismissal from the university.

Signature of Applicant _____ Date: _____

Shared/Finances Budget/Financial Statement 10-11/ March 11, 2010