**Barry University** 

**Division of Enrollment and Marketing** 

11300 NE 2nd Avenue, Miami, FL 33161 USA P: 305.899.3100 or 1.800.695.2279 F: 305.899.2971 | gradadmissions@barry.edu barry.edu

## **Financial Affidavit of Support for International Graduate Students**

For use only by students enrolling in master's or specialist programs in Barry University's College of Arts and Sciences; School of Business and Public Administration; School of Education, Leadership and Human Development; and the College of Health and Wellness.

All international applicants requiring the I-20 Certificate of Eligibility Form must complete this financial affidavit. You are required to certify that you will have adequate financial support for one academic year of study at Barry University. A Certificate of Eligibility (I-20) will not be issued until this form is completed and an original bank letter is submitted from your sponsor(s) and returned to the Division of Enrollment Services at the above address.

If financial support is to be provided by one or more sponsors, please note that the individual(s) must certify the affidavit on the enclosed form.

Please obtain two originals of your bank letter and financial affidavit of support. You will need to retain an original of each financial document for your own records. You will be required to show these documents to the U.S. Consulate when applying for your student visa as well as to immigration officials upon entering the U.S. Acceptable financial verification must be dated no more than six months prior to the start of your first semester.

Expenses	U.S. Dollars	Source of Suppor (self or sponsor)
Tuition (9 credits per semester, 18 credits total)	\$18,360	
Books, Supplies, Health Insurance	\$3,260	
Housing, Living Expenses, Transportation	\$29,640	
Total	\$51,260	
Scholarship/Grant Award (if applicable)		
Academic Award	-\$	
Athletic Award	-\$	
Dependents (add \$2,500 per person)	+\$	

(insert amount from abovie) graduate study at Barry University.

Signature_			Date	Date			
-				Month	Date	Year	
Name							
	First	Middle Initial	Last/Surname				
Address							
		Street					
City		State	Country		ZIP/Postal Code		
Telephone _		Email					
• -	(Please include country and city int	ernational calling codes)					

## (Please include country and city international calling codes)

## Please be aware that false information may result in the cancellation of your admission to the University.

Barry University does not discriminate on the basis of race, creed, color, ethnicity, national origin, ancestry, religion, gender, sexual orientation, gender identity, genetic information, familial status, marital status, pregnancy, age, disability status or veteran status. Barry University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureate, masters, specialist, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Barry University. 957890 05.23

## Sponsor Affidavit of Support

To be completed by Sponsor 1		
I certify that I am willing and able to spo	onsor	
with a minimum amount of	in U.S. dol	ars dated and signed by a bank official no
more than six months before the studer	nt's enrollment at Barry	y University, indicating savings account
funds to sponsor the student.		
Signature	Date	Relationship to Student
	-	
		Sponsor's Citizenship
Address (please print)		Email
Fax(including country and city code)	Telephon	e(including country and city code)
This form may be reproduced		
S	Sponsor Affidavit of	Support
To be completed by Sponsor 2		
I certify that I am willing and able to spe	onsor	
with a minimum amount of	in U.S. dol	ars dated and signed by a bank official no
more than six months before the studer	unt) nt's enrollment at Barry	y University, indicating savings account
funds to sponsor the student.		
Signature	Date	Relationship to Student
Namo	Month Day	y Year Sponsor's Citizonship
		Sponsor's Citizenship
Address(please print)		Email
Fax(including country and city code)	Telephon	e(including country and city code)
This form may be reproduced		
S	ponsor Affidavit of S	Support
To be completed by Sponsor 3		
I certify that I am willing and able to spo	onsor	
with a minimum amount of	in U.S. dolla	student's name) ars dated and signed by a bank official no
more than six months before the studen	t's enrollment at Barry	University, indicating savings account
funds to sponsor the student.		
Signature	Date	Relationship to Student
Name	Month Day	Year Sponsor's Citizenship
(please print)		
Address (please print)		Email
Fax(including country and city code)	Telephone	(including country and city code)