

**Walsh University**  
**Undergraduate Admission Academic Year 2016-17**  
**Certification of Financial Responsibility Form**

**Part I: Student Information**

Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_  
Number and Street City Postal code Country

Date of Birth (month / day / year) \_\_\_\_\_ Phone Number (if in U.S.) \_\_\_\_\_ E-mail \_\_\_\_\_

City and Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

If you are in the U.S. what is your visa type? (F-1, J-1, etc.) \_\_\_\_\_ I-94 Expiration Date \_\_\_\_\_

If F-1, please indicate your immigration admission number (on the Form I-94) \_\_\_\_\_

**Part II: Estimated Cost for the 2016-2017 Academic Year**

These figures are estimated costs for 10 months and are subject to increase without notice.

**Undergraduate**

Tuition and Academic Fees*	\$28,720
Room and Board	10,910
Miscellaneous**	2,500
<b>Total</b>	<b>\$42,130</b>

\*Undergraduate tuition and fees are based on estimates of 31 credit hours for the academic year (2 semesters). Students must register for a minimum of 12 hours each semester. It is estimated that an additional \$645 per credit hour and \$100 per week for housing is necessary for summer school. \*\*Miscellaneous costs include travel, insurance, books, supplies, etc.

**Part III: Source of Funding**

Please indicate your source(s) of funding for the duration of your program at Walsh University and include the required documentation. You must have a minimum of \$41,460 available for undergraduate study per year. All amounts must be in U.S. dollars.

Amount Available each year of study:

Personal Savings	\$ _____	Official Bank Statement
Sponsor	\$ _____	Sponsors Official Bank Statement
Scholarship	\$ _____	Official Letter from Awarding Institution
Other	\$ _____	Please specify and add Original Document
Total	\$ _____	

**Sponsor Statement**

I certify that the above information is correct, and that funding in the amount of \$ \_\_\_\_\_ (minimum \$41,460 for undergraduate study) will be available the first year and for each subsequent year of study for the duration of the academic program. **I understand that I will be required to provide support for a minimum of 4 years for the bachelor's degree.** I have enclosed bank or other financial institution verification demonstrating availability of funds for the first year.

Name of Sponsor (please print) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Statement**

This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statements by my sponsor(s) or me can result in a denial or cancellation of admission.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ E-mail Address \_\_\_\_\_