



INTERNATIONAL GRADUATE STUDENT FINANCIAL DATA SHEET

International individuals applying for a student F-1 or J-1 visa must carefully complete this form. This University is required by the Citizenship and Immigration Services, USCIS to obtain evidence that non-immigrant individuals have adequate financial resources before a Certificate of Eligibility, I-20 (F-1 visa) or DS-2019 (J-1 visa) is issued.

INSTRUCTIONS: Type or print clearly. Answer every question to the best of your ability, keeping in mind that financial assistance from William Paterson University is not available to international students. Be sure to obtain the required signatures, and return this form promptly to: **OFFICE OF GRADUATE ADMISSIONS**, William Paterson University, 300 Pompton Road, Wayne, New Jersey 07470, USA.

SECTION I - STUDENT INFORMATION

A. Name _____

B. Mailing Address _____

C. Foreign Address _____

D. Date of Birth (Month/Day/Year) _____

E. Country of Birth _____

Country of Citizenship _____

F. Telephone# _____

G. What is the present exchange rate of your country's currency to the U.S. dollar? _____ = \$1.00

H. Are there any current restrictions on the exchange and release of funds for study in the United States? If **YES**, describe the restrictions. _____

I. Print Name, Address and Telephone # of person of contact in the U.S. in case of an emergency:

Name: _____

Address: _____

CONFIDENTIAL NOTICE

YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, ALTERATION OR THE TAKING OF ANY ACTION IN RELIANCE OF THE CONTENTS OF THIS PACKET IS STRICTLY PROHIBITED. THIS PACKET INCLUDES US IMMIGRATIONS AND CUSTOM ENFORCEMENT INFORMATION FOR WHICH UNDER NO CIRCUMSTANCES CAN BE ALTERED.



Home telephone # () _____

Work telephone # () _____

E-mail: _____

SECTION II - FINANCIAL REQUIREMENTS

Annual expenses for International students are as follows: **Effective starting Fall 2016**

Tuition and Fees	U.S.	\$19,242	*subject to change without notice *
Room and Board	U.S.	7,080	(May be exempt if notarized affidavit of room & board is submitted)
Books &Supplies	U.S.	1,600	
Transportation	U.S.	890	
Miscellaneous	U.S.	<u>2,250</u>	
Total	U.S.	\$31,062*	

***WPUNJ RESERVES THE RIGHT TO ESTABLISH THIS DOLLAR AMOUNT AS AN ESTIMATE FOR ANNUAL EXPENSES INCURRED WHILE ATTENDING THIS SCHOOL.**

A. In view of these expenses, indicate the approximate U.S. dollar amount and source will be contributed annually toward the total of **U.S. \$31,062.00** from the following:

1. Applicant's Personal Funds U.S. \$ _____

2. Family Funds U.S. \$ _____

Name/Relation _____

3. Funds from a sponsor U.S. _____

4. Funds from another source U.S. \$ _____

Name/Relation _____

***Please note that evidence of financial support must come from liquid assets (savings, certificate of deposits). Also, under no circumstance will checking accounts/commercial accounts be accepted. Please submit original copies on bank letterhead.**

FUNDS FROM ANOTHER SOURCE

Identify and explain any contributions listed under this heading. Scholarships and grants should be listed here and accompanied by a letter from the sponsoring agency indicating dollar amount and for how many years the award will be granted. For example: a letter from your government, a private organization or a graduate assistantship letter.

CONFIDENTIAL NOTICE

YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, ALTERATION OR THE TAKING OF ANY ACTION IN RELIANCE OF THE CONTENTS OF THIS PACKET IS STRICTLY PROHIBITED. THIS PACKET INCLUDES US IMMIGRATIONS AND CUSTOM ENFORCEMENT INFORMATION FOR WHICH UNDER NO CIRCUMSTANCES CAN BE ALTERATED.



5. Total U.S. \$ _____

DOCUMENTATION FOR EACH SOURCE MUST BE PROVIDED

If married, will your spouse accompany you to the U.S.? Yes _____ No _____ If you have children, how many will accompany you? _____

Please list name, date of birth, and country of birth for spouse and each child coming with you to the U.S.

Name	Date of Birth	Country of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your spouse and/or children will accompany you to the U.S. you will be required to provide additional documentation for their support. Listed below are the additional amounts you will need to certify for each dependent.

Spouse (husband or wife) \$ 4,500 Child (each) \$ 3,500

Note: Health insurance for all visa dependents is strongly recommended. Health insurance for J-1 visa holders is mandatory (see attachment)

B. For each source you indicated on section A, complete the corresponding section below and have your sponsor complete a notarized affidavit of support.

SECTION III - SIGNED STATEMENT

The statement below should be read and signed by you, your parents or guardian, and your sponsors (if you have one). **Unsigned incomplete forms will be returned promptly.**

I/We swear that the financial data provided on this sheet, is accurate and complete. We understand that financial assistance is unavailable through the University, and we hereby agree to meet All University and living expenses incurred by the named student during the duration of study in the United States. These **funds are not and will not be used to support another student in the United States.**

Student's Signature _____

Parent/Sponsor's Signature _____

HOW TO PAY THE SEVIS FEE: Upon receiving an I-20 form, please visit:

<https://www.ice.gov/sevis/i901>

CONFIDENTIAL NOTICE

YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, ALTERATION OR THE TAKING OF ANY ACTION IN RELIANCE OF THE CONTENTS OF THIS PACKET IS STRICTLY PROHIBITED. THIS PACKET INCLUDES US IMMIGRATIONS AND CUSTOM ENFORCEMENT INFORMATION FOR WHICH UNDER NO CIRCUMSTANCES CAN BE ALTERATED.



AFFIDAVIT AND STATEMENT OF SUPPORT

I _____, whose address is _____
_____, being duly sworn, agree that my
intention to have _____ (Student Name), who resides at _____

(Foreign or local address), come to the United States to study at William Paterson University in Wayne, New Jersey. I also testify that I am able to maintain and support the prospective student, whose financial expenses will be approximately **\$31,062.00** per year. Furthermore, I am ready and willing to deposit a bond, if necessary, to guarantee that said prospective student will not become a public charge during his/her stay in the United States. This affidavit is for the purpose of assuring the University that Mr./Ms. _____ (name of the student) will not find it necessary to appeal to the University for any type of financial aid, housing, and/or other material aid.

Name of sponsor

Address

Local telephone #

SEAL REQUIRED

I certify that the foregoing statements, made by me are true and accurate.

Subscribed and sworn before
me this _____ day of _____
20____ at _____

(Notary)

CONFIDENTIAL NOTICE

YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, ALTERATION OR THE TAKING OF ANY ACTION IN RELIANCE OF THE CONTENTS OF THIS PACKET IS STRICTLY PROHIBITED. THIS PACKET INCLUDES US IMMIGRATIONS AND CUSTOM ENFORCEMENT INFORMATION FOR WHICH UNDER NO CIRCUMSTANCES CAN BE ALTERATED.



SPONSOR'S AFFIDAVIT OF FREE ROOM AND BOARD

I hereby certify that I am willing and able and will provide

_____ **Full name of student (first, middle, and family names)**

**With a free room and all meals
for every year of study at WPU.**

My relationship to the student is _____

Address of room or apartment offered to student:

_____ **Number and street Apartment Number**

_____ **City State Zip Code**

How many rooms are in the house or apartment? _____

How much space will be reserved for the exclusive use of the student? _____

Does the sponsor live at the address listed above? _____

Does the sponsor _____ own or _____ rent the property?

You must sign below in the presence of a notary public or official. The notary public must sign and put the official seal on the affidavit. Both you and notary must sign any erasures or changes.

AFFIRMATION OR OATH

I hereby affirm or swear that the information I have given above is true and correct:

_____ **Print Name Signature of Sponsor**

SEAL REQUIRED

I certify that the foregoing statements, made by me are true and accurate.

Subscribed and sworn before
me this _____ day of _____
20 _____ at _____

CONFIDENTIAL NOTICE

YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, ALTERATION OR THE TAKING OF ANY ACTION IN RELIANCE OF THE CONTENTS OF THIS PACKET IS STRICTLY PROHIBITED. THIS PACKET INCLUDES US IMMIGRATIONS AND CUSTOM ENFORCEMENT INFORMATION FOR WHICH UNDER NO CIRCUMSTANCES CAN BE ALTERATED.



Notary

INTERNATIONAL STUDENT ADVISOR'S REPORT

NOTE: Only F-1 visa students who are already attending school in the United States (transfer, second degree, and master degree applicants) need to submit this form.

Student's Name _____

Home Address _____

TO THE STUDENT: Please read carefully and sign in the space provided. Present this form to your **International Student Advisor or Dean assigned to International Students at the University** you are presently attending, for completion. **Applications are considered incomplete if this form is not forwarded.**

I, _____, grant permission for the information requested to be forwarded to William Paterson University.

Date

Student's signature

Please attach photocopies: current I-20/DS-2019, I-94, visa, and passport

TO THE INTERNATIONAL STUDENT ADVISOR: The student named above is applying for Admission to William Paterson University

Please mail your reply to: **William Paterson University
Office of Graduate Admissions
300 Pompton Road, Wayne, NJ 07470**

1. Is the student eligible to continue at your institution? _____

2. Has the student met all financial obligations to your institution? _____

3. To the best of your knowledge, has the student met all obligations to the Immigration and Naturalization Services?

4. Last authorized extension of stay valid until (SEVIS records transfer on): _____

5. We would appreciate any comment you think may be helpful to us. _____

Signature

Date

Title

Institution

CONFIDENTIAL NOTICE

YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, ALTERATION OR THE TAKING OF ANY ACTION IN RELIANCE OF THE CONTENTS OF THIS PACKET IS STRICTLY PROHIBITED. THIS PACKET INCLUDES US IMMIGRATIONS AND CUSTOM ENFORCEMENT INFORMATION FOR WHICH UNDER NO CIRCUMSTANCES CAN BE ALTERATED.



Phone

Address, Zip Code

CONFIDENTIAL NOTICE

YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, ALTERATION OR THE TAKING OF ANY ACTION IN RELIANCE OF THE CONTENTS OF THIS PACKET IS STRICTLY PROHIBITED. THIS PACKET INCLUDES US IMMIGRATIONS AND CUSTOM ENFORCEMENT INFORMATION FOR WHICH UNDER NO CIRCUMSTANCES CAN BE ALTERATED.