INTERNATIONAL UNDERGRADUATE 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 UNDERGRADUATE 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: ____________________________________________________________________
**SECTION II - FINANCIAL REQUIREMENTS**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$20,466 *</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$7,080</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$1,600</td>
</tr>
<tr>
<td>Transportation</td>
<td>$890</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$2,250</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$32,286</strong></td>
</tr>
</tbody>
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*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. $32,286.00** 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, or a private organization.

5. Total U.S. $
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
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</thead>
<tbody>
<tr>
<td>_____________________</td>
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</tbody>
</table>

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
AFFIDAVIT AND STATEMENT OF SUPPORT

I________________________________________, whose address is_________________________________________________________, being duly sworn, agree that my intention to have____________________________________________ (Student Name), who resides at ____________________________, 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 $32,286.00 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)
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 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________________

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 ALTERED.
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 Undergraduate 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 __________________________________________________________________________________________

Phone __________________________________________________________________________________________ Address, Zip Code __________________________________________________________________________________________