



Northwood University

International Admissions

4000 Whiting Drive, Midland, MI 48640

Email: internladmissions@northwood.edu

CERTIFICATION OF FINANCES

Applicants must submit proof of financial support to cover the cost of attendance based on the academic term. Sufficient funds must exist for the first year of study, and adequate funding must be available for subsequent years. This information is required for Form I-20 to be issued.

STUDENT INFORMATION – COMPLETE THIS SECTION AND ATTACH OFFICIAL BANK STATEMENT(S)

Bank statement must be on bank letterhead or in the form of a legally binding affidavit. The account name must match funding source.

DATE OF BIRTH: _____ **CITIZENSHIP:** _____
MONTH/DAY/YEAR COUNTRY

STUDENT NAME: _____
LAST (FAMILY) NAME FIRST (GIVEN) NAME

MAILING ADDRESS: _____
HOUSE NUMBER/STREET APT NUMBER

CITY STATE/PROVINCE/REGION COUNTRY POSTAL CODE

SOURCE OF FUNDS – CHECK ALL THAT APPLY, ENTER AMOUNTS CONVERTED TO U.S. DOLLARS

Personal Savings USD Scholarship USD Government USD

Parent USD Sponsor USD Other USD

Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?

Yes No

If yes, describe restrictions. _____

CERTIFICATION

I certify that information on this form is true, correct, and complete. Funds are available for the first year of study and additional funds will be available to cover all expenses including those for any dependents during my course of study at Northwood University.

SIGNATURE OF STUDENT _____ **DATE:** _____
MONTH/DAY/YEAR

PARENT/SPONSOR – COMPLETE THIS SECTION IF PARENTS ARE PROVIDING FUNDS

FATHER'S NAME: _____
LAST (FAMILY) NAME FIRST (GIVEN) NAME

MOTHER'S NAME: _____
LAST (FAMILY) NAME FIRST (GIVEN) NAME

MAILING ADDRESS: _____
HOUSE NUMBER/STREET APT NUMBER

CITY STATE/PROVINCE/REGION COUNTRY POSTAL CODE

CERTIFICATION

This is to certify that I have read the information furnished by the applicant on this form that it is a true and accurate statement, and that funds are available and will be provided as required to complete the course of study.

SIGNATURE OF PARENT: _____ **DATE:** _____
MONTH/DAY/YEAR

OTHER SPONSOR – COMPLETE THIS SECTION IF A SPONSOR OTHER THAN PARENT IS PROVIDING FUNDS

SPONSOR NAME: _____
LAST (FAMILY) NAME FIRST (GIVEN) NAME

MAILING ADDRESS: _____
HOUSE NUMBER/STREET APT NUMBER

CITY STATE/PROVINCE/REGION COUNTRY POSTAL CODE

CERTIFICATION

This is to certify that I have read the information furnished by the applicant on this form that it is a true and accurate statement, and that funds are available and will be provided as required to complete the course of study.

SIGNATURE OF SPONSOR: _____ **DATE:** _____
MONTH/DAY/YEAR

RELATIONSHIP OF SPONSOR TO STUDENT: _____



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CERTIFICATION OF FINANCES

Additional funding is necessary for dependents. Please enter information for each F-2 dependent and provide a copy of their passport.

DEPENDENT EXPENSES

Spouse: \$5,000 per year + cost of health/medical insurance per Northwood University plan

Child: \$3,000 per year + cost of health/medical insurance per Northwood University plan

1st DEPENDENT INFORMATION – COMPLETE THIS SECTION FOR F-2 DEPENDENT

RELATIONSHIP: Spouse

GENDER: Female Male Unknown/Other

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____ CITIZENSHIP: _____
MONTH/DAY/YEAR COUNTRY COUNTRY

DEPENDENT NAME: _____
LAST (FAMILY) NAME FIRST (GIVEN) NAME

MAILING ADDRESS: _____
HOUSE NUMBER/STREET APT NUMBER

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2nd DEPENDENT INFORMATION – COMPLETE THIS SECTION FOR F-2 DEPENDENT

RELATIONSHIP: Child

GENDER: Female Male Unknown/Other

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____ CITIZENSHIP: _____
MONTH/DAY/YEAR COUNTRY COUNTRY

DEPENDENT NAME: _____
LAST (FAMILY) NAME FIRST (GIVEN) NAME

MAILING ADDRESS: _____
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3rd DEPENDENT INFORMATION – COMPLETE THIS SECTION FOR F-2 DEPENDENT

RELATIONSHIP: Child

GENDER: Female Male Unknown/Other

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____ CITIZENSHIP: _____
MONTH/DAY/YEAR COUNTRY COUNTRY

DEPENDENT NAME: _____
LAST (FAMILY) NAME FIRST (GIVEN) NAME

MAILING ADDRESS: _____
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4th DEPENDENT INFORMATION – COMPLETE THIS SECTION FOR F-2 DEPENDENT

RELATIONSHIP: Child

GENDER: Female Male Unknown/Other

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____ CITIZENSHIP: _____
MONTH/DAY/YEAR COUNTRY COUNTRY

DEPENDENT NAME: _____
LAST (FAMILY) NAME FIRST (GIVEN) NAME

MAILING ADDRESS: _____
HOUSE NUMBER/STREET APT NUMBER

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