

DECLARATION AND CERTIFICATION OF FINANCES FOR INTERNATIONAL GRADUATE AND PROFESSIONAL STUDENTS

Please return this form and appropriate documentation to:

Graduate and Professional Enrollment Management  
 Loyola University Chicago  
 820 North Michigan Avenue  
 Chicago, Illinois 60611 USA

This form must be fully completed before Loyola University Chicago can issue a certificate of eligibility (Form I-20 or DS-2019) for the F-1 or J-1 student visa. If you have any questions about the I-20 or DS-2019, please contact Loyola's Office for International Programs at [intlcntr@luc.edu](mailto:intlcntr@luc.edu) (773) 508-3899.

Your Name (\*Please include a copy of your passport identity page):

_____	_____
Family Name	Given Name

Mailing Address and telephone number where documents should be sent:

_____			
Number and Street:			
_____	_____	_____	_____
City	State/Province	Postal Code	Country

City and Country of Birth:	_____
Country of Citizenship:	_____
Date of Birth (Month, Day, Year):	_____

_____	_____	_____
E-mail address	Telephone Number	FAX Number

Permanent Home Country Address:

_____			
Number and Street			
_____	_____	_____	_____
City	Province/State	Postal Code	Country

Academic Term and Year your program will begin (for example Fall 2012 or Spring 2013): \_\_\_\_\_

If you are already in the United States, what is your current non-immigrant status\*\*? (eg B-1/2, F-1, F-2 J-1 J-2, H-1B): \_\_\_\_\_

\* If you wish to change your status to F-1 student using the I-20 issued by Loyola you must apply for Change of Status with the USCIS after receiving the Loyola I-20. Please contact the office for International Programs for more information on changing your status. [intlcntr@luc.edu](mailto:intlcntr@luc.edu) 773-508-3899)

\* If you are transferring your record in SEVIS to Loyola from a school in the U.S., you will need to request that your record be released from your current school. Please indicate the name of the school you are transferring from \_\_\_\_\_

Applicants must submit evidence of adequate financial support to the cover cost of attendance for at least one full year of studies at Loyola, with the expectation that funding will be available for the entire program of study. If supported by personal and/or family funds, submit the signed affidavit of support (below). Applications must include an original bank statement in U.S. dollars reflecting bank balance availability to cover the total amount listed below as well as expenses of any accompanying dependents.

\*If sponsored by government, educational institution, or official agency, please submit an official letter reflecting that the scholarship is valid at Loyola.

Expense estimate for 2012-2013 academic year

School	Tuition and Fees	Living Expenses	Total Required
Graduate School of Business	\$24,474	\$14,040	\$38,514
Graduate School	\$16,804	\$14,040	\$30,844
School of Education	\$16,804	\$14,040	\$30,844
Institute of Pastoral Studies	\$13,384	\$14,040	\$27,424
School of Nursing	\$17,524	\$14,040	\$31,564
School of Social Work	\$28,640	\$14,040	\$42,680
Law School (varies)	\$24,274	\$14,040	\$38,314
Law School (JD)	\$40,364	\$14,040	\$54,404
School of Continuing & Professional Studies	\$11,358	\$14,040	\$25,398

AFFIDAVIT OF SUPPORT			
*An original certified bank statement in U.S. currency, less than 6 months old, must accompany this form.			
I guarantee that I will be fully responsible for all educational expenses incurred by the applicant named below during the course of study at Loyola University Chicago			
Signature of Applicant (if self-funded)		Date	
Sponsor's Last Name (Family Name)		First Name	Middle name
Relationship to applicant			
Current mailing address (number and street)			
City		State/Country	Zip Code/Postal Code
I am willing to sponsor the above applicant in the amount of _____ per academic year			
Signature of sponsor		Date	

Dependent Information: Accompanying Spouse and Children

If you plan to bring a spouse and/or children with you, please provide additional financial proof information. To include a spouse, you must provide additional financial proof in the amount of \$5,900. Each child requires additional financial proof in the amount of \$4,100. Please include dependent information below and include copy of passport identity pages.

	Last name (family name)	First Name	Date of birth Month/day/year	Country and city of birth	County of Citizenship	Gender M/F
Spouse						
Child						
Child						
Child						