

Please attach a recent photograph in this space.	 <p>Certification of Financial Responsibility</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>App: _____ Date: _____</p>
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NOTE: This form is not an application for admission but is **required** supplementary information. Immigration documents cannot be issued to you until you have been admitted to the English Language Institute **and** you have completed this form satisfactorily and returned it to this office. This form is valid for ONE YEAR ONLY from date of signature. **Unsigned** forms will **not** be accepted.

Return To: University of Florida English Language Institute, PO Box 117051, 315 Norman Hall, Gainesville, FL 32611-7051

Name: _____
family name first name other names

Address to receive correspondence: _____
number & street city country

After _____ I can be reached at: _____
date address

Date of birth: _____ Phone number in U.S. (____)_____
month/day/year

Email Address _____

Country and city of birth: _____

Country of citizenship: _____

What is/was your occupation in your home country? _____
student, professor, engineer, etc.

Marital Status: _____ Single _____ Married

When do you plan to enter the ELI? _____
September, November, January, March, May, June

How long do you plan to stay at the ELI? _____
One Session Two Sessions Three Sessions Four Sessions More Than Four Sessions

Father's name: _____ Father's occupation: _____
 Mother's name: _____ Mother's occupation: _____

List the following information for all dependents you plan to bring with you:

Name	Relationship	Date/Place of Birth	Nationality

We require *proof* of financial support for the first session - Spring C 2010 (\$9,565.00); Spring B 2010 (\$4,634.00); Summer C 2010 (\$9,090.00); Summer B 2010 (\$4,520.00); Fall C 2010 (\$9,365.00); Fall B 2010 (\$4,833.00). These figures are estimates of the total cost per semester; they do not include your travel expenses. When computing expenses, remember that students holding student (F) or exchange (J) visas will not be authorized to work off campus. Therefore, applicants should not look to employment, either part-time during the academic year or full-time during the summer, as a significant means of support while at the ELI. Under no circumstances are students permitted to work full-time during the academic year.

If you are a married applicant who plans to bring your spouse and/or children, you must certify funds for a minimum of an additional \$1,500 per session for each dependent child, and \$3,000.00 for dependent spouse. Health and accident insurance is mandatory for all students registered at the University of Florida. The cost per 16-week session for a single student would be between \$375.00 - \$450.00, depending on the student's age.

You may also need this documentation to prove to the United States Consular Operations that you have sufficient funds. We suggest, therefore, that you make copies of all documents for this purpose.

PLEASE PRINT OR TYPE THE FOLLOWING SECTION(except signatures)

Sources of Financial Support	Amount in U.S. Dollars	
1. Personal and/or family savings (a bank official's notarized signature below or on an attached letter of certification is required if the applicant will be supported in whole or in part by personal family savings. Support is offered for a total of _____ months.	\$ _____	
2. Government Sponsor (Print name of agency) _____ (Enclose signed copy of letter certifying sponsorship)	\$ _____	THIS SPACE IS FOR NOTARY STAMP AND SIGNATURE
4. Other (Specify below and enclose a signed certification.) _____ _____ _____	\$ _____ \$ _____ \$ _____	

THE SECTION BELOW MUST BE COMPLETED BY ALL APPLICANTS BANK AND SPONSOR'S OFFICIAL CERTIFICATION OF SOURCES OF FUNDS

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available and will be provided as specified:

Parent or sponsor's signature _____ Date: _____

Parent or sponsor's name (PRINT): _____

Relationship of sponsor to applicant: _____

Address: _____

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available:

Bank official's signature: _____ Title: _____

Bank official's name (PRINT): _____ Date: _____

Name and address of bank: _____
(Include bank stamp or seal.)

I certify that the information I have provided is correct and complete and that I shall not require additional financial assistance from the University of Florida. If any of the information changes prior to my enrollment at the ELI, I will immediately notify the ELI. I understand that making false or fraudulent statements within this Certification of Financial Responsibility may result in disciplinary action.

Applicants Signature: _____ Date: _____