Gonzaga University International Graduate
FINANCIAL DECLARATION

502 E. Boone, AD 41                     Spokane, WA 99258                    Phone: (509) 313-6563                      Fax: (509) 313-6125

Student’s Name:_________________________________   _________________________  ________________
Last      First               Middle

INSTRUCTIONS

Section ‘A’ lists possible sources of financial support. Please fill in the appropriate sections. Section ‘B’ lists the estimated expenses for the applicable academic year, which are subject to annual change. All changes will be shown on any I-20 forms issued. By signing below, the person responsible for your finances is guaranteeing that those funds are available for this purpose.

SECTION A: Student sources of funds / Annual support per year

*Personal Funds of Student: $____________________________  Name of Bank: _____________________________________

*Parent’s or Sponsor’s Funds: $____________________________  Name of Bank: _____________________________________

**Scholarship: $________________________________________  **Other: $_______________________________________  

*Supporting Bank Statement must be attached  **Letter of Support must be attached

SECTION B: Academic year estimated expenses for 2014 – 2015, based on the first academic year of study.

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$12,400</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>$12,120</td>
</tr>
<tr>
<td>Books, Supplies &amp; Personal Expenses</td>
<td>$1000</td>
</tr>
<tr>
<td>Medical &amp; Accident Insurance</td>
<td>$2,500</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$28,020</strong></td>
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SECTION C: Certification and guarantee of finances for student

This is to certify that I understand all of the above and I agree to be responsible for the expenses of this student in the amount specified in Section A. I further certify that I have the indicated funds available for the student as long as he or she studies at Gonzaga University.

Name of responsible person (print)                 Signature or person responsible          Date  
______________________________________________________________________________

Address: Street & Number              City              State or Province              Postal Code              Country