**FINANCIAL CERTIFICATE**

BBA Exchange Students

This form must be completed and returned to:

BBA International Programs
bbainternationalprograms@emory.edu

As an International Student applicant, you are required to certify that you have sufficient funds to cover your expenses while attending Emory University. **THE ADMISSIONS PROCESS IS NOT COMPLETE UNTIL THIS FORM HAS BEEN COMPLETED AND RETURNED TO EMORY UNIVERSITY.** VISA DOCUMENTS ARE ISSUED ONLY WHEN ALL ADMISSION PROCEDURES HAVE BEEN SATISFIED.

### A current ESTIMATE of expenses for 2017-18:

<table>
<thead>
<tr>
<th></th>
<th>FALL SEMESTER</th>
<th>SPRING SEMESTER</th>
<th>ACADEMIC YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$23,650.00</td>
<td>$23,650.00</td>
<td>$47,300.00</td>
</tr>
<tr>
<td>Fees</td>
<td>307.00</td>
<td>307.00</td>
<td>614.00</td>
</tr>
<tr>
<td>Room and Board</td>
<td>6,250.00</td>
<td>6250.00</td>
<td>12,500.00</td>
</tr>
<tr>
<td>Accident/Sickness Insurance</td>
<td>1,500.00</td>
<td>1,500.00</td>
<td>3,000.00</td>
</tr>
<tr>
<td>Personal Expenses*</td>
<td>600.00</td>
<td>600.00</td>
<td>1,200.00</td>
</tr>
<tr>
<td>Textbooks and supplies</td>
<td>550.00</td>
<td>550.00</td>
<td>1,100.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$9,207.00</strong></td>
<td><strong>$18,414.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

* = Does not include travel from home country, nor fees for on campus parking

J-2 Exchange Visitor dependents may apply for employment authorization from U.S. Citizenship & Immigration Services. Funds from J-2 employment may not, however, be used to support the J-1 Exchange Visitor. The request for work authorization must clearly document family finances/expenses and affirm that the J-2 dependent is seeking work permission for other reasons (professional development, money for travel, etc.). Prospective students who will bring J-2 dependents must provide evidence of an additional $4,200 per semester for an accompanying spouse and $2,100 per semester for each dependent child. Dependent children must be under age 21.

**Your Name:**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

**Your Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>Address Line 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Province</td>
</tr>
<tr>
<td>Country</td>
<td>Postal Code</td>
</tr>
</tbody>
</table>

**Your City and Country of Birth:**

A. Check appropriate box:  
- [ ] I plan to come alone.  
- [ ] I plan to have my dependents come later.  
- [ ] I plan to bring dependents with me (please list their information on the J-1 Request Form)

B. I will study at Emory in:  
- [ ] Fall  
- [ ] Spring  
- [ ] Full academic year
**SOURCES OF SUPPORT: Amounts (INDICATE IN U.S. DOLLARS)**

1. **PERSONAL AND/OR FAMILY SAVINGS**
   - Name of Bank: ____________________________________________
   - Note: A Bank official’s signature on the certification below & a copy of current bank statement **MUST** be attached. These are required if student is supported in part or in whole by personal funds.

2. **PARENTS AND/OR SPONSORS:** Print name of each person.
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   Note: Signature of each parent/sponsor required below.
   Supply bank certification as above and attach copy of current bank statement to this form.

3. **YOUR GOVERNMENT**
   - Print name of agency: ____________________________
   - Note: Enclose with the form a signed letter of award.

4. **UNIVERSITY AWARD FROM:** ____________________________
   - Print/type and amount of award: ____________________________

5. **OTHER ORGANIZATION OR AGENCY**
   - Please specify: ____________________________________________
   - Note: Enclose a signed affidavit from authorized person to certify accuracy.

**TOTALS:**

FOR MINIMUM ADEQUATE CERTIFICATION OF FUNDING, THE FIRST YEAR MUST EQUAL THE TOTAL COST ESTIMATES INDICATED ON OPPOSITE OF THIS FORM, UNLESS ACCOMPANIED BY DEPENDENT(S). DEPENDENT AMOUNTS MUST BE ADDED TO THIS AMOUNT STATED ABOVE.

Total amount of money you expect to have at arrival at Emory (Tuition, Fees, University Room Rent due at registration): U.S.$ _______________________________

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**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS**

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 Officer's Signature and Seal______________________________________________________________________________________________

Bank Official’s Name (Printed)______________________________________________________________________________________________

Title___________________________________________________________________________________________

Name of Bank___________________________________________________________________________________________________________

Address of Bank___________________________________________________________________________________________________________

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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.

Parent/Sponsor’s Signature_____________________________________________________________ Date________________________

Parent/Sponsor’s Name (Printed)______________________________________________________________________________________________

Relationship to Applicant____________________________________________________________________________________________________

Address___________________________________________________________________________________________________________________

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THE TOTAL AMOUNT OF MONEY THAT I HAVE AVAILABLE FOR MY STUDY AT EMBRY UNIVERSITY (INCLUDING FUNDS FOR SPOUSE AND CHILDREN IF APPLICABLE) IS U.S. $ ________________________________. FURTHER, I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS CORRECT AND COMPLETE AND THAT I WILL NOT REQUIRE ADDITIONAL ASSISTANCE FROM EMBRY UNIVERSITY.

STUDENT’S SIGNATURE________________________________________________________________________ DATE________________________