



# UNIVERSITY of MOBILE

*Higher Education for a Higher Purpose*

## University of Mobile Affidavit of Financial Support

University of Mobile, 5735 College Parkway, Mobile, Alabama 36613-2842

Fax (251)442-2498/telephone (251)442-2222

This form **must** be submitted as part of the application for admission for all international students and before an I-20 can be issued.

### **ESTIMATED 2017-2018 EXPENSES**

Figures below are based on two semesters per academic year, taking 12-17 hours per semester. Tuition is \$10,505 for 12-17 hours per semester. Transportation for holidays and vacation is not included. This affidavit must be completed by all international students and must reflect ability to pay all expenses and costs not covered by scholarships. The international student cost estimator is used to calculate your *estimated* annual expenses. This figure will be used in Section III of this form.

Tuition	\$21,010 U.S.
Room and Board	\$9,000 U.S.
Fees	\$1,200 U.S.
Books Estimate	\$1,630 U.S.
Insurance and Tax	\$1,820 U.S.
<u>Personal Expenses</u>	<u>\$1,794 U.S.</u>
<b>Total Cost</b>	<b>\$36,454 U.S.</b>

**\*\*This amount is subject to change without notice\*\***

### **TO BE COMPLETED BY THE STUDENT**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name of Sponsor: \_\_\_\_\_  
 Address of Sponsor: \_\_\_\_\_

### **Section I**

#### **TO BE COMPLETED BY THE SPONSOR**

*The University of Mobile estimates expenses to be not less than \$36,454 U.S. per year (excluding travel)*

I am employed as (title) \_\_\_\_\_ with (company) \_\_\_\_\_ and earn an annual income of \$ \_\_\_\_\_ U.S. This is to certify that I am willing and able to maintain and support the above named student during his/her stay at the University of Mobile for the estimated annual amount of \$ \_\_\_\_\_ U.S. My relationship with the student is:  
 (Circle One) Family Friend Other \_\_\_\_\_

**Signature of Sponsor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please include a copy of your most recent bank statement from the Financial Institution below**

### **Section II**

#### **TO BE COMPLETED BY UNIVERSITY OF MOBILE FINANCIAL AID ADMINISTRATOR**

The above named student has been awarded a scholarship in the amount of \$ \_\_\_\_\_ U.S. annually. This scholarship is valid for the academic year of 2017-2018, and may be changed at the end of the term.

**Signature of Financial Aid Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Section III**

#### **TO BE COMPLETED BY FINANCIAL INSTITUTION**

This is to certify that \_\_\_\_\_ whose name appears on this form as sponsor (above) has adequate funds to meet the annual expenses of \_\_\_\_\_ (Student's Name).

**Signature of Bank Official** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name and Title of Official \_\_\_\_\_

Name and Address of Financial Institution \_\_\_\_\_

**\*Affix Seal or Stamp of Financial Institution**