



University of Mobile Post-Traditional Affidavit of Financial Support- Accelerated Nursing

University of Mobile, 5735 College Parkway, Mobile, Alabama 36613-2842
Telephone (251)442-2252

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 2018-2019 EXPENSES

Figures below are based on two semesters per academic year, based on block pricing for 12-17 hours per semester unless otherwise indicated. 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.

Transfer or Commuter Undergraduate Expenses	Undergraduate Cost
Tuition	\$ 425 per hour \$10,200 annual
Fees	\$ 1,240
Living Expense	\$ 9,000 (add \$ 4500 for spouse and \$ 1500 for each additional dependent)
Books and supplies	\$ 1,200
Insurance	\$ 1,700
TOTAL	\$ 23,340

This amount is subject to change without notice

Section II

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Date of Birth: _____

Full Name of Sponsor (required): _____
Family Name (Surname) First Name Middle Name

Address of Sponsor: _____

Section III

TO BE COMPLETED BY THE SPONSOR

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 IV

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**