UC International
University of Cincinnati
PO Box 210640
Cincinnati, OH 45221-0640
Room 3134, Edwards One
Phone (513) 556-4278
Fax (513) 556-2990

Financial Certification Form

Personal Information: **Please put your name in full as it appears in your passport.**

Family/Surname:_____

First/Given: _____ **Middle:** _____

Country of Birth **Date of Birth** **Country of Citizenship**

_____ _____/_____/_____ _____

month day year

Are you currently in the United States? ___YES ___NO If yes, list immigration status:_____(F1, H1B, etc.)

If Yes, and the immigration status is not F-1, the Form I-20 or DS-2019 will not be issued until you have made an appointment with us for assistance with a change of status application. If you are not eligible for a change of status, the form will only be issued for travel to your home country.

E-mail: _____ **Telephone:** _____

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AFFIDAVIT OF SPONSORSHIP

NOTE: Any form not completed and sealed/stamped by the appropriate official and not accompanied by official documents will be considered incomplete and an I-20 or DS-2019 will not be issued. This form is valid for 6 months only for the purpose of issuing an I-20 or DS-2019.

I hereby attest that I am willing and able and will provide no less than US $_____ in cash to the student named below for each year of study at the University of Cincinnati. I am attaching documents that prove the support is available/attainable; including bank statements, employment/salary letters, investments, tax returns and other assets (The amount indicated should agree with the amount on front of this form from the sponsor(s) line).

Name of student _____

My relationship to the student is _____

My full address is: _____

_____

The following are all of the persons who are dependent upon me for their housing, food, or financial support. DO NOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED ABOVE.

NAME	RELATIONSHIP TO ME	AGE

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