

**STATE UNIVERSITY OF NEW YORK
FOREIGN STUDENT FINANCIAL STATEMENT**
Be Sure to Read the Information on the Reverse Side Before Completing This Form.

FSA-4
C2912-783

PART I Write in ink or type

1. Name of Applicant Mr. _____, _____, _____
Ms. _____ (family name) _____ (first, given) _____ (middle)
2. Permanent Address _____
3. Campus to which you are applying _____
4. Major field/department _____
5. Degree for which you are applying _____
6. I expect my program of study to take _____ years to complete.
7. Birthdate _____ / _____ / _____
mo day year
8. Country of Citizenship _____
9. I plan to come without dependents
 The following dependents will accompany me (list names and relationships)

10. Does your country restrict dollar exchange? yes no
What is the maximum dollar amount permitted for a student?
\$ _____
11. Total amount of U.S. dollars you expect to bring with you upon arrival (tuition, room, meals, and books must be paid at the beginning of each semester)
\$ _____
12. Do you have a source within the U.S. for emergency funds once you arrive in this country?
yes no
13. If YES, name source _____
Amount Available in U.S.: \$ _____

PART II Complete each relevant item below. Sign and date the form after (C).

Enter amount of assured support available for
each year of study in U.S. dollars.

Source of Funds	Year 1	Year 2	Year 3	Year 4	Required Verification
Personal Savings Name of Bank _____ Account Holder _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) and (C) below
Family/Relative/Sponsor Name _____ Name _____ Name _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A), (B), and (C) below
Scholarship/Loan Awarded by _____ _____	\$	\$	\$	\$	1. Official award letter. See instructions on reverse side 2. Loan approval letter. See instructions on reverse side 3. Complete (C) below
Government/Employer/Other Name of sponsor _____ Other (specify source and type of support) _____	\$	\$	\$	\$	1. Official letter of support. See instructions on reverse side. 2. Bank statements, affidavits, or sworn statements 3. Complete (C) below
Totals	\$	\$	\$	\$	

VERIFICATION:

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the applicant, his family members, or sponsors (named above) at the savings institution named below. (Verification of amounts is without liability for the bank or its officials). Attach separate statement of accounts with official signature/seal.

Name of Bank _____ Date _____
Bank Official's Title _____ Bank Official's Signature/Seal _____

B. This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I (we) are submitting bank statements indicating the availability of these funds. I (we) further understand that the State University cannot provide ANY financial assistance to the applicant and that I (we) must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment.

Sponsor Signature _____ Date _____ Relationship to applicant _____
Sponsor Signature _____ Date _____ Relationship to applicant _____

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature _____ Date _____

Return this form with all additional financial documentation directly to the SUNY campus to which you are applying.

