

## Financial Guarantee Form for International Students at Elizabeth City State University

**International Admissions** 

Room 120 M.D. Thorpe Administration Building | 1704 Weeksville Road, Elizabeth City, NC 27909 Email: admissions@ecsu.edu | Phone: 252-335-3305 | Fax: 252.335.3537

## (MUST BE COMPLETED AND RETURNED WITH FINANCIAL INSTITUTION DOCUMENTS)

Applicant's (Student) Certification: I understand that the Certificate of Eligibility (I-20) will not be issued prior to submission of this form, receipt of bank statement and deposit (if required).

I certify that I have financial resources to cover the costs associated with my enrollment at Elizabeth City State University during the entire period of my study. I understand that the University will not permit me to enroll if I am unable to pay the full amount due at the time of registration, regardless of anticipated receipt of funds at a later time. I also understand that it is mandatory that I comply with the major medical insurance requirements for nonimmigrants which include sickness, accidental, medical evacuation and repatriation coverage during the period as stated on I-20. I further understand that the University has no obligation to provide financial assistance for medical or any other expense for which I do not have adequate financial funds. I shall notify the Office of International Admissions of any changes in my financial or USCIS status. I certify that the information provided is accurate and true.

Date:

Ranner ID#

Banner ID#	SemesterF	Fall	_Spring Year
Name	) Mi	liddle	Date of Birth
Signature (Student Applicant)			Date
Sponsor's Certification (to be completed	by person(s) res	sponsible	e for tuition and fees):
By my signature I certify that I am financially responsible international student applicant associated with this Financial the Elizabeth City State University faculty, staff, or admin advising (academic/research), supervising, mentoring, tead employment, admission, matriculation, or dismissal on beland/or employment at the University. I understand that my below. The funds are available and will be provided as registration period. The student must carry a full course bregulations.	ial Guarantee Fornistration who will ching, or making that of the guaranty signature commesspecified/requires	rm. I furth I have any recomme ntee at any nits (as bi	ner certify that <b>I am not</b> a member of y direct responsibility or influence for indations regarding grades, y time during her/his Enrollment inding) the amount of funds as stated to the time of each official semester
I have read and clearly understand the financial required semester's tuition and fees prior to the sponsored student	-		~ 1 , ,
The total amount I will provide each year is \$		(USI	0)
Sponsor's Name (Print):			
Sponsor's Complete Address:	·		
		Telep	hone
Relationship to Applicant: (father, mother, etc.)			

Sponsor's Signature:

## **Supplemental Financial Guarantee for Dependent(s)**

<u>Dependent Information</u>: If you plan to bring your spouse and/or child(ren) at the time of initial entry to the United States, you (the *PrimaryF-1*) *must show additional funding* (\$5,000 for spouse and \$3,000 each child). If a sponsor is being used, please note that the Consular/Embassy Officer may challenge your bringing dependents if you are not able to support them with your own funds.

List the names of each dependent (F-2) to be considered for issuance of the I-20. You must provide current copies of passport identification page(s) for each dependent named in this request. Please print legibly.

(Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Relationship) (Last/Family Name) (First Name) (Date of Birth) (Country of Birth/Citizenship)  (Country					
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Sponsor's Name (Print):  Sponsor's Complete Address:  Telephone  Relationship to Applicant: (father, mother, etc.)					e read and clearly understand the
Sponsor's Complete Address:	The total amou	nt I will provide each ye	ar is \$	(US	D)
Telephone Relationship to Applicant: (father, mother, etc.)	Sponsor's Nam	ne (Print):			
Relationship to Applicant: (father, mother, etc.)	Sponsor's Com	plete Address:			
				Tele	phone
Sponsor's Signature:Date:	Relationship to	Applicant: (father, moth	ner, etc.)		
	Sponsor's Sign	ature:			Date: