2021-2022 Financial Certification Form for Issuance of I-20

FULL NAME: __________________________ / __________________________ / __________________________
Last (Family/Surname on passport) First (Part of given name on passport) Middle (Part of given name on passport)

Country of Birth: __________________________
Date of Birth: __________________________ / __________________________ / __________________________
Month Day Year

Country of Citizenship: __________________________

Country of Passport being used: __________________________
Sex (check one): ______ Male ______ Female

Print Address for mailing of I-20 Form:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Telephone Number: __________________________

Email address: __________________________

Print Your International Address, if different from mailing address:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Telephone Number: __________________________

Please check which program you have been admitted to:

______ Four Year Doctor of Optometry Program
______ Accelerated Doctor of Optometry Program
______ Advanced Standing International Program
______ MS/OD China Program, PhD/OD China Program
______ Master of Science in Vision Science only
______ Other Program __________________________

For students bringing dependents, provide the following information on each dependent:

Name: __________________________ / __________________________ / __________________________
Last First Middle

Relationship to you: __________________________ Sex: ______ Male ______ Female

Country of Birth: __________________________

Country of Citizenship: __________________________

Country of Passport being used: __________________________

Date of Birth: __________________________ / __________________________ / __________________________
Month Day Year

Name: __________________________ / __________________________ / __________________________
Last First Middle

Relationship to you: __________________________ Sex: ______ Male ______ Female

Country of Birth: __________________________

Country of Citizenship: __________________________

Country of Passport being used: __________________________

Date of Birth: __________________________ / __________________________ / __________________________
Month Day Year

Name: __________________________ / __________________________ / __________________________
Last First Middle

Relationship to you: __________________________ Sex: ______ Male ______ Female

Country of Birth: __________________________

Country of Citizenship: __________________________

Country of Passport being used: __________________________

Date of Birth: __________________________ / __________________________ / __________________________
Month Day Year

Please turn over and complete remainder of form.
Certification of funding is required by the United States Citizenship and Immigration Services before an I-20 form can be sent to you. NECO requires proof of funding for one year for the issuance of an I-20. See ‘Table of Estimated Minimum Expenses’ that is included for the total amount of funds needed as well as explanations of documents needed. Please keep the original copies of all financial documents submitted as you will need them to obtain your visa, if required and to enter the United States. Please send us the rest.

Please complete amounts under each column showing finances for one year.

**YEAR ONE**

**AMOUNT**
Enter US Dollar Amount Below

**PERSONAL FUNDS** [Attach original bank letter or statement]:

Print Name and Location of Funds below:

______________________________________________________________

______________________________________________________________

**FAMILY FUNDS** [Attach bank letter(s) or statement(s) and letter(s) of support from family member(s)]:

Print Name(s) of Family Member(s) and relationship(s) to you below:

______________________________________________________________

______________________________________________________________

**AGENCY SPONSOR OR GOVERNMENT FUNDS** [Attach letter authorizing billing and/or showing award]:

Print Name of Sponsor or Government Agency below:

______________________________________________________________

______________________________________________________________

**OTHER SOURCE OF FUNDS** [Attach bank letter or statement and letter of support]:

Name and Address of Individual or Organization below:

______________________________________________________________

______________________________________________________________

**TOTAL AMOUNT OF FUNDS AVAILABLE FOR ONE YEAR**

______________________________________________________________

Year One Total

PLEASE NOTE: Total for one year must equal or exceed the total amount required as listed in the ‘Table of Estimated Minimum Expenses’ on the Estimated Minimum Expenses sheet included with this form.

I certify that the information supplied by me is true, correct and complete. I understand that misrepresentation of any kind may revoke my admission to the College.

Student Signature: __________________________ Date: __________________________

Print Full Name: __________________________