2022-2023 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: __________________________________________

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

Telephone Number: ____________________________________________________________

Telephone Number: ____________________________________________________________

Email address: __________________________

Please check which program you have been admitted to:

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

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

Print Name and Location of Funds below:

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**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:

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

Print Name of Sponsor or Government Agency below:

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

Name and Address of Individual or Organization below:

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**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: ____________________________