

## 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

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Relationship to you: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Relationship to you: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Country of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Passport being used: \_\_\_\_\_

Country of Passport being used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Relationship to you: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Relationship to you: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Country of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Passport being used: \_\_\_\_\_

Country of Passport being used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Please turn over and complete remainder of form.**

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### SOURCE OF FUNDING FOR YOUR STUDIES

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Print: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Required Last (Family) First (Given) Middle

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**

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

Enter US  
Dollar Amount  
Below

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: \_\_\_\_\_