

# \*\*\* FORMULARIO MODELO \*\*\*



## Certification of Financial Responsibility

**NOTE:** This form is not an application for admission but is **required** supplementary information. Immigration documents cannot be issued to you until you have been admitted to the English Language Institute **and** you have completed this form satisfactorily and returned it to this office. This form is valid for ONE YEAR ONLY from date of signature. **Unsigned** forms will **not** be accepted.

**Return To: University of Florida English Language Institute, PO Box 117051, 223 Matherly Hall, Gainesville, FL 32611-7051**

Name:

### Apellidos y Nombres del Estudiante

family name

first name

other names

Address to receive correspondence:

**Dirección de Casa | Ciudad | Estado o Provincia | Código Postal | País**  
number & street city country

(Mes/Día/Año)

Date of birth: **Fecha Nacimiento** (month/date/year) Phone number: **Número de Teléfono o Celular**

Email Address **Email del Estudiante**

Country of birth: **País de Nacimiento del Estudiante**

Country of citizenship: **Nacionalidad del Estudiante**

What is your occupation in your home country? **Ocupación del Estudiante**

When do you plan to enter the ELI?

- May 9, 2017 (Summer C)
- June 20, 2017 (Summer B)
- August 29, 2017 (Fall C)
- October 17, 2017 (Fall B)

Marque con una "X" la opción de su preferencia

List the following information for all dependents you plan to bring with you:

Name (as it appears on passport)	Relationship	Date/Place of Birth	Nationality

We require proof of financial support for the first session. Spring C (\$9800); Spring B (\$5025); Summer C (\$8390); Summer B (\$4690); Fall C (\$9900); Fall B (\$5415). These figures are estimates of the total cost per semester; they do not include your travel expenses. When computing expenses, remember that students holding student (F) or exchange (J) visas will not be authorized to work off campus. Therefore, applicants should not look to employment, either part-time during the academic year or full-time during the summer, as a significant means of support while at the ELI. Under no circumstances are students permitted to work full-time during the academic year.

If you are a married applicant who plans to bring your spouse and/or children, you must certify funds for a minimum of an additional \$1,500 per session for each dependent child, and \$3,000 for dependent spouse. Health and accident insurance is mandatory for all international students on F-1 visas registered at the University of Florida. The cost per 15-week session for a single student would be approximately \$585.

You may also need this documentation to prove to the United States Consular Operations that you have sufficient funds. We suggest, therefore, that you make copies of all documents for this purpose.

**PLEASE PRINT OR TYPE THE FOLLOWING SECTION (except signatures)**

Sources of Financial Support	Amount in U.S. Dollars	
1. Personal and/or family savings (a bank official's notarized signature below or on an attached letter of certification is required if the applicant will be supported in whole or in part by personal family savings). Support is offered for a total of _____ months.	\$ _____	
2. Government Sponsor. Print name below and enclose a signed letter certifying sponsorship: _____	\$ _____	
3. Other. Specify below and enclose a signed certification: _____ _____ _____	\$ _____ \$ _____ \$ _____	THIS SPACE IS FOR NOTARY STAMP AND SIGNATURE

**THE SECTION BELOW MUST BE COMPLETED BY APPLICANT'S BANK AND SPONSOR'S OFFICIAL CERTIFICATION OF SOURCES OF FUNDS**

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available and will be provided as specified:

Parent or sponsor's signature: Firma del Patrocinante Date: Fecha (mes/día/año)

Parent or sponsor's name (PRINT): Nombre y Apellido del Patrocinante

Relationship of sponsor to applicant: Parentesco

Address: Dirección de Casa | Ciudad | Estado o Provincia | Código Postal | País

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available:

Bank official's signature: \_\_\_\_\_ Title: \_\_\_\_\_

Bank official's name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of bank: \_\_\_\_\_  
(Include bank stamp or seal.)

I certify that the information I have provided is correct and complete and that I shall not require additional financial assistance from the University of Florida. If any of the information changes prior to my enrollment at the ELI, I will immediately notify the ELI. I understand that making false or fraudulent statements within this Certification of Financial Responsibility may result in disciplinary action.

Applicant Signature: < Firma del Estudiante > Date: Fecha (mes/día/año)