

Certificate of Finances

The purpose of this Certificate of Finances is to help Fairfield University obtain complete and accurate information about the funds available to foreign applicants who want to study in the United States and will be seeking a student visa sponsored by Fairfield University. This form must be completed by applicants who do not have US citizenship for their application to be considered complete and ready for review. This form does <u>not</u> require official bank statements or notary signatures and does <u>not</u> replace the official Affidavit of Support which will be required after admission for students looking to confirm with Fairfield University.

This form can be uploaded to your application portal or emailed to the undergraduate admission office at admis@fairfield.edu

Name (Exactly as it appears on student's passport)

Family (Surname)

First Name (Given name)

What Fairfield major will you plan to study ______

Estimate of student expenses for the academic year 2024-2025

| Undergraduate Students | |
|---------------------------------------|----------|
| Tuition and Fees | \$58,900 |
| Health Insurance | \$2,816 |
| All Combined Tuition and Fees | \$61,716 |
| Room and Board (9 months) | \$18,290 |
| Books, Supplies and Personal Expenses | \$2,500 |
| TOTAL | \$82,506 |

Please provide sources of Financial support (lines may left blank or indicate "\$0" if appropriate.)

- Personal / Family Funds \$ _____
- Government Funds (If applicable) \$_____
- Athletic Funds \$ _____
- Other \$_____

This certificate must be completed by the parents/legal guardian or sponsors of the student named above.

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|------|----------------------|-----------------------------|
|------|----------------------|-----------------------------|

provide______ no less than U.S. \$_____ per year to meet his/her expenses during each year of study at Fairfield University

Relation to the student_____

I promise that the information I have provided above is true and correct. I understand that I will have a financial responsibility to support the student named above during the length of the student's program at Fairfield University.

Sponsor / Parent / Guardian - Signature

MONTH / DAY / YEAR

Undergraduate Admission – Kelley Center
Fairfield University
1073 North Benson Road

- Fairfield, CT 06824-5195 (203) 254-4100 Fax: (203) 254-4199 E-mail: admis@fairfield.edu