

Please return to Smith College
Office of Precollege Programs, 30 Belmont Ave.
Northampton MA 01063

**INTERNATIONAL STUDENT
CERTIFICATION OF FINANCE
CONFIDENTIAL**

1. YOUR NAME Last Name (surname) First Name (given) Middle		4. DATE OF BIRTH Month Day Year		7. EXPECTED VISA TYPE <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 Other (Specify) _____
2. PERMANT ADDRESS:		5. PLACE OF BIRTH (country)		
3. MAILING ADDRESS (if different than above):		6. COUNTRY OF CITIZENSHIP		

8. Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.		9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.	
STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT SUMMER 2020	Signature of Bank Official	
8a. PERSONAL OR FAMILY SAVINGS	A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.	Bank Official's Title:	
NAME OF BANK		Bank Name and Address:	
		Date:	
8b. PARENTS		Parent's signature is required (see certification statement above).	
FATHER'S FULL NAME		Signature of Parent	
MOTHER'S FULL NAME		Address (if different than the student's):	
Please send documentation of support (i.e. credit card statement with limit, or bank statements, etc.)		Date:	
8c. SPONSORS (money available from sources other than parents)		Sponsor's signature is required (see certification statement above).	
SPONSOR'S NAME		Signature of Sponsor	
Describe the source:		Address (if different than the student's):	
		Relationship of sponsor to the student:	
8d. YOUR GOVERNMENT		10. What is the present exchange rate of your country? _____ = \$1.00 USD	
NAME OF AGENCY		11. Does your government currently impose restrictions on exchange and release of funds for study in the us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe restrictions: _____	
Enclose a signed copy of your letter of award with this form.		12. Do you have a source for emergency funds once you arrive in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, name of source _____ Amount available in USD \$ _____	
Total ➤		13. How will you pay for transportation to the U.S? _____	
		14. What is the total amount of money you expect to have when you arrive, in USD \$ _____	

15. Do you plan to remain in the U.S. after the program? ☐ Yes ☐ No If yes, where will you be staying? _____

16. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY-. Both the form and certificate must be shown to the U.S. consul to obtain a visa.

I certify that the information on this form is true, correct and complete.
I understand that any misrepresentation may be cause for refusing or revoking admission.

SIGNATURE OF STUDENT _____ DATE _____

This is to certify that I have reviewed- the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.

FOR OFFICE USE ONLY

SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____
NAME OF INSTITUTION _____
ADDRESS _____ DATE _____