Be sure to read all information before completing this form.

International students must document their ability to meet all educational and living expenses for the first year of their intended study before this University can issue a Certificate of Visa Eligibility (form I-20 or DS-2019) per immigration regulations. Although you must only show proof for the first year of study, funding must be available for your entire course of study from your personal or sponsored funding sources.

INSTRUCTIONS:
Part I: Provide Student’s name and SUNY New Paltz student ID #.

Part II: Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated and provide official documentation of funding. Please note that if you send originals by mail, you must retain a set of originals for your visa interview. The originals sent to the campus will not be returned.

All documentation must be dated within three (3) months of the date of form I-20 Certificate of Visa Eligibility issuance. Tuition and fee estimates, as well as cost of living expenses, are subject to change without notice and will usually increase each year. Students must be prepared to meet these increases.

SOURCE OF FUNDS – REQUIRED DOCUMENTATION: **Please provide in English and in US dollars.

Personal/Family: Signatures of sponsors on this form and bank verification in a separate bank statement, or bank letter on official bank letterhead.

Scholarship: Official scholarship letter from the institution awarding the scholarship.

Government or Employer: Official letter indicating amount of support and containing the same information as for “Scholarship” described above.

Loans: Official letter from credit institution indicating approval of the loan and the amount approved.

Dependent Support: A student wishing to have his/her family member(s) accompany him/her must document additional funding for each family member.

Part I

Student’s Last Name: _______________________________ Student’s first name: _________________________

Student’s ID Number: __________________________________

Part II

I agree to provide funds to the above named student, for the purposes of full time study at the State University of New York at New Paltz. This sponsorship includes, but is not limited to, tuition, university fees, health insurance, room, food, and books.

If the student has more than one sponsor, please provide the names, signatures and relationship information on a separate page.

Sponsor’s Last Name: _______________________________ Sponsor’s First Name: _________________________

Relationship to Applicant: _______________________________

Sponsor Signature: _______________________________ Date: _______________________________

This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant’s Signature: _______________________________ Date: _______________________________