CERTIFICATION OF FINANCES

All international students who need to obtain an F-1 or J-1 visa must provide proof of the ability to pay for all of educational and living expenses. Please complete the Certification of Finances form below. Along with the form, you must submit an official bank document verifying the availability of funds. If your funding is coming from several sources, please indicate each source and provide proper documentation for the entire amount of academic expenses, as well as a summary of accounts.

Please note that tuition varies among the graduate programs as well as the expected units per semester. Doctoral tuition is $1,455.00 per unit and masters tuition is $1,425.00 per unit.

Married students accompanied by their families will need to document availability of an additional $800.00 per month for their spouse, $300.00 per month for one child, and $200.00 per month for each additional dependent.

<table>
<thead>
<tr>
<th>Tuition and Expenses 2016-2017</th>
<th>Tuition and Fees</th>
<th>Living Expenses (Room and Board)*</th>
<th>Health Insurance (Mandatory)</th>
<th>Personal Expenses (Books, supplies, transportation)*</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD in Nursing – BSN to PhD</td>
<td>$26,010.00</td>
<td>$12,000.00</td>
<td>$2,072.00</td>
<td>$3,800.00</td>
<td>$43,882.00</td>
</tr>
<tr>
<td>PhD in Nursing – Post-MSN PhD; DNP to PhD</td>
<td>$25,095.00</td>
<td>$12,000.00</td>
<td>$2,072.00</td>
<td>$3,800.00</td>
<td>$42,967.00</td>
</tr>
<tr>
<td>Doctor of Nursing Practice BSN to DNP</td>
<td>$44,018.00</td>
<td>$12,000.00</td>
<td>$2,072.00</td>
<td>$3,800.00</td>
<td>$61,890.00</td>
</tr>
<tr>
<td>Doctor of Nursing Practice Post-Master’s DNP</td>
<td>$30,923.00</td>
<td>$12,000.00</td>
<td>$2,072.00</td>
<td>$3,800.00</td>
<td>$48,795.00</td>
</tr>
<tr>
<td>MS in Nursing (based on 33 units year one)</td>
<td>$47,397.00</td>
<td>$12,000.00</td>
<td>$2,072.00</td>
<td>$3,800.00</td>
<td>$65,269.00</td>
</tr>
<tr>
<td>Masters Entry Program in Nursing (MEPN)</td>
<td>$57,378.00</td>
<td>$12,000.00</td>
<td>$2,072.00</td>
<td>$3,800.00</td>
<td>$75,250.00</td>
</tr>
</tbody>
</table>

All fees are subject to change without notice.
The University of San Diego requires proof of financial resources from all international students who need to obtain an F-1 or J-1 visa. In addition to this form, you must submit other supporting documents such as an original bank letter, bank statements, or scholarship award letter verifying the amount of US Dollars available for your academic studies. All original financial support documents must be dated within 3 months of the application date and translated into English.

Please identify your source of funds (check as many as appropriate):

- Personal Savings
- Family Funds
- Government or Organization Sponsorship (Indicate Name and Amount): __________________________

**Part I: (Applicant must complete and sign)**

Last/Family/Surname              First Name              Middle Name

Mailing Address to send Form I-20 (No PO Boxes)

Address in your Country, if different from above (Required)

Phone: __________________________ Fax: __________________________ Email Address: __________________________

I certify that the information furnished on this form and all supporting documents are true and complete to the best of my knowledge.

**Applicant Signature:** __________________________ **Date:** __________________________

**Part II: (Financial Sponsor must complete and sign)**

Enclose an original bank letter, bank statements or scholarship award letter with sponsor’s name.

Please note: If you have received a Dean’s Merit Scholarship, you may subtract the amount from the total estimate of expenses.

Name of Sponsor                        Relationship to Student

Address of Sponsor                        Phone

Amount of money available in U.S. Dollars: __________________________

(Must be greater than or equal to the total expenses of one academic year. Please refer to the summary of expenses.)

As financial sponsor of applicant, I certify that the information furnished on and with this form is true and complete to the best of my knowledge.

**Sponsor’s Signature:** __________________________ **Date:** __________________________
Part III: Dependent Information

Please fill out the following information for dependents that will accompany you to the United States while you are a student at the University of San Diego. Indicate whether they will travel with you or if they will arrive separately.

Name of Spouse: ____________________________ Male/Female: ________
Last Name First Name Middle Name
Country of Birth: ____________________________ Country of Citizenship: ____________________________
Date of Birth: ________________ Travel to the U.S. with student? (check one) Yes _______ No _______

Name of Child: __________________________________________ Male/Female: ________
Last Name First Name Middle Name
Country of Birth: ____________________________ Country of Citizenship: ____________________________
Date of Birth: ________________ Travel to the U.S. with student? (check one) Yes _______ No _______

Name of Child: __________________________________________ Male/Female: ________
Last Name First Name Middle Name
Country of Birth: ____________________________ Country of Citizenship: ____________________________
Date of Birth: ________________ Travel to the U.S. with student? (check one) Yes _______ No _______