

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

INTERNATIONAL STUDENT  
CERTIFICATION OF FINANCE 2018  
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 <input type="checkbox"/> J-1 <input type="checkbox"/> J-2 Other (Specify) _____
	5. PLACE OF BIRTH (country)		
2. PERMANENT ADDRESS:	6. COUNTRY OF CITIZENSHIP		
3. MAILING ADDRESS (if different than above):			

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 2017	
<b>8a. PERSONAL OR FAMILY SAVINGS</b>		Signature of Bank Official
NAME OF BANK		Bank Official's Title:
A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.		Bank Name and Address:
		Date:
<b>8b. PARENTS</b>		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:
<b>8c. SPONSORS (money available from sources other than parents)</b>		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:
<b>8d. YOUR GOVERNMENT</b>		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 If yes, name of source _____ Amount available in USD \$ _____
		13. How will you pay for transportation to the U.S.? _____
<b>Total &gt;</b>	\$	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 \_\_\_\_\_