

STUDENT NAME: _____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

SOURCES OF FINANCIAL SUPPORT:

Check all sources of financial support that apply:

- | | <u>AMOUNT</u> |
|--|---------------|
| 1. <input type="checkbox"/> Personal and/or family savings (bank official's notarized signature below or on an attached letter of certification is required if the applicant will be supported in part or in whole by personal/family savings. Attached certification must be on bank letterhead, written in English, and include bank official's signature and bank stamp). | USD\$ _____ |
| 2. <input type="checkbox"/> Government Sponsor (Print name of agency and enclose original signed letter certifying sponsorship.)
_____ | USD\$ _____ |
| 3. <input type="checkbox"/> Other (Specify below and enclose signed letter of certification.)

_____ | USD\$ _____ |

TOTAL AMOUNT IN U.S. DOLLARS FOR ENTIRE LENGTH OF STAY USD\$ _____

PARENT OR SPONSOR MUST complete this section if funds listed under "Personal" above are coming from parent or sponsor's bank account

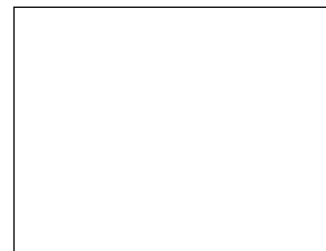
PARENT OR SPONSOR: This is to certify that I have read the information on this form, that it is true and accurate, and that the funds listed above are available and will be provided as specified below:

PARENT OR SPONSOR'S SIGNATURE: _____ Date: _____
PRINTED NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

BANK OFFICIAL MUST COMPLETE THIS SECTION TO CERTIFY ALL FUNDS LISTED UNDER "PERSONAL" ABOVE.

BANK OFFICIAL: This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds listed above are available:

Bank official's signature: _____ Date: _____
Printed Name: _____
Title: _____
Name and Address of Bank: _____
Phone/Fax: _____ / _____



(Bank's stamp or seal)

I, the undersigned, certify that the information I have provided in this document is correct and complete and that I shall not require additional financial assistance from the University of Florida. If any of the information changes prior to my enrollment at the University of Florida, I will immediately notify the University of Florida International Center. I understand that making false or fraudulent statements within the Certification of Financial Responsibility may result in disciplinary action.

APPLICANT'S SIGNATURE: _____ DATE (MM/DD/YYYY): _____