

WPI
100 Institute Road
Worcester, MA 01609

Return this form to: WPI Office of Admissions
Phone: 508-831-5286

Fax: 508-831-5875
Web: www.admissions.wpi.edu
E-mail : intl_admissions@wpi.edu

CONFIDENTIAL DECLARATION AND CERTIFICATION OF FINANCES OF INTERNATIONAL UNDERGRADUATE APPLICANTS

This purpose of this form is to certify that you will have the sum of \$51,960.00 for your first year of study at WPI exclusive of travel expenses. You should also indicate how you will meet your expenses for subsequent years of study. A certificate of Eligibility (Form I-20) for a Student Exchange Visitor visa will not be issued unless this form is completed and the necessary certifications are obtained. It is suggested that you make copies of this form and required documents before returning them to WPI as you most likely will need to show proof of adequate funding to U.S. Consular officials when applying for a visa. If this form is returned to WPI via FAX, no form I-20 can be issued until the Admissions Office receives the original form with student signature.

In computing expenses, you should remember that students holding the Student (F-1) visa will be extremely limited in their options to work. Therefore, the applicant should not look to employment, either part-time during the academic year or full-time during the summer, as a means of support while at WPI. Under no circumstances are students permitted to work full-time during the academic year. Spouses who accompany students to the U.S. on the F-2 Visa are not permitted to accept any kind of paid employment in the U.S.

PART 1: BASIC INFORMATION

A. Name _____ Field of Study _____
Family Name First

Address (to which visa certificate should be sent):
_____ (Freshman applicant _____ or Transfer applicant _____)

Telephone number (with country and city codes) _____

B. Date of Birth _____ Place of Birth _____
(month, day, year)

Country of citizenship _____

C. I am _____ am not _____ married. If married:

1. My spouse will _____ will not _____ join me in the U.S.

2. Number of children _____ My children will _____ will not _____ join me in the U.S.

Note: If your spouse will join you in the United States, add an extra \$5,950 to the figure which you are required to Certify. If your children will be joining you, add an extra \$3,000 per child.

D. In case of emergency, are there sources of additional funds available to you once you arrive in the U.S.?

PART II: ESTIMATE OF STUDENT EXPENSES FOR THE ACADEMIC YEAR 2009-2010

Tuition and Fees	\$37,645
Room and Board (Estimated)	\$11,315
Books and Supplies (Estimated)	\$1,000
Medical Insurance (Estimated)	\$1,000
Personal Expenses (Estimated)	\$1,000
TOTAL	\$ 51,960

PART III: SOURCES OF SUPPORT

INSTRUCTIONS: Complete the appropriate boxes to show sources and amounts of anticipated contributions to your educational and personal expenses while you are in the United States. For each source, follow the certification instructions in the box. Include anticipated contributions for each year of required study for your degree objective.

SOURCES OF FUNDS	ASSURED AMOUNTS IN U.S. \$			
	FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR
PERSONAL OR FAMILY SAVINGS - Please print name of bank: ----- <i>(A bank official's signature is required on the certification below if the student is supported in part or whole by personal savings.)</i>	\$	\$	\$	\$
PARENTS and/or SPONSORS - Please print the name of each person: ----- <i>(The signature of a parent or sponsor is required, as a guarantor on the certification below in addition to a bank official's signature.)</i>	\$	\$	\$	\$
YOUR GOVERNMENT - Please print name of agency: ----- <i>(Enclose with this form a signed copy of your letter of award and translation, if necessary.)</i>	\$	\$	\$	\$
WPI - (To be filled in by WPI, if any.) Type of award: -----	\$	\$	\$	\$
OTHER - Please specify: ----- <i>(Enclose with this form a signed affidavit from an authorized person to verify the accuracy of this entry, or a signed copy of your letter of award and a translation, if necessary.)</i>	\$	\$	\$	\$
<i>Each of these totals should equal the estimate of costs for one year on the Certificate of Expenses.</i> TOTAL:	\$	\$	\$	\$

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

This is to certify that I have read the information furnished by the applicant and this form is a true and accurate statement, and that the funds are available.

Bank Official's Signature _____ Date _____
 Bank Official's Name (Printed) _____ Title _____
 Name of Bank _____ Address _____

Bank Seal or Stamp: _____
(A bank seal is necessary on this form. However, a letter from your bank indicating availability of necessary funds is also sufficient.)

This is 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.

Parent/Sponsor's Signature _____ Date _____
 Parent/Sponsor's Name (Printed) _____
 Relationship to Applicant _____ Address _____

I certify that the total amount of money (excluding travel funds) available to me for my first academic year in the United States is U.S.\$ _____
 And that the total amount available for each subsequent academic year of study is U.S.\$ _____. Further, I certify that the above information provided is correct and complete.
 STUDENT'S SIGNATURE _____ DATE _____

OFFICIAL CERTIFICATION OF CENTRAL BANK FOR RELEASE OF FOREIGN EXCHANGE

(Have this part completed if your government restricts the exchange and release of funds for study in the United States and please explain what the restrictions are: _____.)

This is to certify that the applicant on this form has received permission to release foreign exchange for study in the United States.
 BANK OFFICIAL'S SIGNATURE _____ BANK SEAL OR STAMP _____
 BANK OFFICIAL'S NAME (PRINTED) _____ TITLE _____
 NAME OF BANK _____
 ADDRESS OF BANK _____ DATE _____