



University of Mobile Affidavit of Financial Support

University of Mobile, 5735 College Parkway, Mobile, Alabama 36613-2842
Fax (251)442-2498/telephone (251)442-2222

This form **must** be submitted as part of the application for admission for all international students and before an I-20 can be issued.

ESTIMATED 2011-2012 EXPENSES

Figures below are based on two semesters per academic year, taking 12-17 hours per semester. Tuition is \$8,225 for 12-17 hours per semester. Transportation for holidays and vacation is not included. This affidavit must be completed by all international students and must reflect ability to pay all expenses and costs not covered by scholarships. The international student cost estimator is used to calculate your annual expenses. This figure will be used in Section III of this form.

Tuition and fees	\$17,395 U.S.
Room and Board	\$7,660 U.S.
Books Estimate and Insurance	\$2,700 U.S.
<u>Personal Expenses</u>	<u>\$1,000 U.S.</u>
Total Cost	\$28,755 U.S.

This amount is subject to change without notice

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Date of Birth: _____
Name of Sponsor: _____
Address of Sponsor: _____

Section I

TO BE COMPLETED BY THE SPONSOR

The University of Mobile estimates expenses to be not less than \$28,755 U.S. per year (excluding travel)

I am employed as (title) _____ with (company) _____ and earn an annual income of \$ _____ U.S. This is to certify that I am willing and able to maintain and support the above named student during his/her stay at the University of Mobile for the annual amount of \$ _____ U.S. My relationship with the student is:
(Circle One) Family Friend Other _____

Signature of Sponsor _____ Date: _____

***Please include a copy of your most recent bank statement from the Financial Institution below**

Section II

TO BE COMPLETED BY UNIVERSITY OF MOBILE FINANCIAL AID ADMINISTRATOR

The above named student has been awarded a scholarship in the amount of \$ _____ U.S. annually. This scholarship is valid for the academic year of 2011-2012, and may be changed at the end of the term.

Signature of Financial Aid Administrator _____ Date _____

Section III

TO BE COMPLETED BY FINANCIAL INSTITUTION

This is to certify that _____ whose name appears on this form as sponsor (above) has adequate funds to meet the annual expenses of _____ (Student's Name).

Signature of Bank Official _____ Date _____

Printed Name and Title of Official _____

Name and Address of Financial Institution _____

***Affix Seal or Stamp of Financial Institution**