



First for Women

WESLEYAN

INTERNATIONAL STUDENT  
CERTIFICATION OF FINANCE

4760 Forsyth Road, Macon, GA 31210 (800) 447-6610

Applicant must submit proof of adequate financial support; Wesleyan College is unable to process your request for a new I-20 or DS-2019 until funding documentation is complete. If you need an F-1 or J-1 visa, Wesleyan College is required by U.S. government regulations to obtain documentation to support funding of tuition, room and board, fees and living expenses for the duration of the program.

### Print - Student Personal Information

Family/Last Name: \_\_\_\_\_

Fist Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Wesleyan ID Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Apart./House # \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Program Level:

- Undergraduate
- Exchange Student
- Transfer Student

### Immigration Status Information:

*If you currently live outside of the United States skip numbers 2 or 3.*

1. I am requesting an:  I-20  DS-2019

2. I live in the United States and my current status is:  F-1  J-1  Others: \_\_\_\_\_

#### 3. If currently you have an F-1 status, please complete this section:

- What institution issues your I-20? \_\_\_\_\_
- Date you will complete your final term in previous school: (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
- Previous SEVIS ID#: \_\_\_\_\_

### Applicant's Declaration (signature is required)

- I hereby promise that the information on this form is true, correct and complete.
- I understand that any misrepresentation may be cause for refusing or revoking admission.
- I understand that tuition, fees and other charges assessed by Wesleyan College are my responsibility. While tuition deferments may be extended until financial aid payments are determined, should unresolved problems exist that prevent payment of aid, I will be responsible for paying the deferred tuition.
- I understand that the Financial Aid Office reserves the right to request additional information and/or support documentation in order to accurately assess my financial status.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)



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### Documentation Required

1. Certificate of Finance: A separate certificate of finance is required for each sponsor. The total funds on the COF(s) must equal the total funds needed for the duration of your studies at Wesleyan College (at least four years for first-year students).
2. Bank Statement: A bank statement(s) must be supplied showing sufficient funds.
  - The bank statement(s) that you submit must include: sponsor's name, and be dated within past three months.
  - The sponsor on the COF and the account holder(s) on the official bank statement(s) must be the same.
  - The dollar figure must be in U.S. dollars. If not in U.S. dollars, the financial institution must show the conversion rate and/or U.S. dollar equivalent.

### Print - Sponsor Personal Information

Sponsor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship of Sponsor to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Sponsor's declaration (Signature is required)

I will provide full financial support for the applicant's education, living expenses and any increase due to inflation per academic year for tuition. This support will continue for the duration of the program of study.

DURATION OF SUPPORT	ONE SEMESTER	ONE YEAR	TWO YEARS	THREE YEARS	FOUR YEARS
Amount of Guaranteed Support in U.S. Dollars					

I will provide partial financial support for the applicant.  Yes  No

Specifically, I will provide \$ \_\_\_\_\_ (USD) per year.

Please indicate your monthly income: \$ \_\_\_\_\_ (USD)

I have attached a recent bank statement(s).

I hereby promise that the information on this COF is true, correct and complete. I further certify that I understand this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)



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**Source of Funds and Amounts:**

*If you have additional accounts please submit page 3 for each account.*

**Bank Certification** (This section must be completed by a bank official) **PRINT**

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Relationship of account holder to student: \_\_\_\_\_

Account type: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Date account opened (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Last deposit (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Current balance: \$\_\_\_\_\_ in U.S. Dollars

Name of Bank official: \_\_\_\_\_

Signature of bank official: \_\_\_\_\_

**BANK STAMP HERE:**

**Support from the funding agency** (government, organizations or institution/school)

Please ask your funding agency to complete a letter written in English with the following information:

- Sponsor Name
- Student Name with Passport Number
- Certify which expenses will be covered, including tuition, fees, books, room and board, and others
- Funding effective dates
- Total award (U.S. Dollars) per year