



Declaration of Finances

2807 North Glebe Road, Arlington, Virginia 22207-4299
Phone: (703) 526-6922 Email: iss@marymount.edu

Please complete this form and submit the second page to the ISSS office. The information on page 1 is for your record keeping. Once you have completed the form, please sign and date attesting that you understand what has been explained and all the information you have provided is accurate and truthful. Additionally, if you will be providing proof of funding documentation from a third-party individual, please have the account holder(s) sign under the sources of funding on the following page.

Under U.S. government regulations, all international students attending a U.S. institution under F-1 or J-1 visa status must demonstrate the ability to meet all expenses associated with their first academic year of study. Admitted international students must submit this form and supporting financial documentation. International financial statements must be signed and stamped by a bank official. Sponsoring agencies, governments, or companies must provide a letter that includes the student's name, the amount and currency to be provided each year, and the award period. This letter must be printed on official letterhead and include an authorized signature and stamp of the sponsoring institution. If financial documents are not in English, please provide certified translations. All financial documents must be dated within 12 months of the I-20 issuance. We reserve the right to request additional documentation, if necessary, prior to issuing your I-20 form.

The university is required to review your financial documentation prior to issuing an I-20 or DS-2019 form. You must document sufficient funds available for your first year's academic and living expenses and assured sources of support for your first academic year. You are responsible for all payments to the university in accordance with the tuition/fee schedule in affect at the time of your enrollment for each semester of your attendance.

The amounts shown on this form and on your I-20 or DS-2019 are estimates only. Your academic costs may vary depending on our program of study, the number of credits for which you enroll, and the date you commence study. Your living expenses may vary depending on your housing and lifestyle choices. F-1 and J-1 visa- holders are required to study full time during the fall and spring semesters but are not required to attend the summer term (unless required by course of study). Summer enrollment is an additional cost.

For the 2022-2023 academic year, the estimated costs of attendance are listed below: (All costs are subject to change)

	Undergraduate	Graduate (general)	Graduate Education	Graduate Business/IT	Doctor of Physical Therapy
Tuition and Fees	\$ 37,751	\$22,191	\$17,591	\$22,371	\$40,470
Living Expenses	\$16,147	\$21,648	\$21,648	\$21,648	\$21,648
Other (books, supplies, insurance, transportation)	\$6,250	\$6,250	\$6,250	\$6,250	\$6,250
Estimated Total Costs	\$60,148	\$50,089	\$45,489	\$ 50,269.00	\$68,368

Living expenses are shown for 9 months. If you plan to live in the United States for the full year (12 months), please plan for an increased living expense. The tuition costs shown are based on minimum enrollment for nine months (fall/spring) of study and do not include summer tuition. Tuition rates are set annually in the spring for the following academic year. Some programs may charge tuition at a higher rate. The latest tuition rates can be found at <https://marymount.edu/admissions/student-accounts/tuition-fees/>

If your family will accompany you, you must show evidence of an additional \$7,500 U.S.D. per year for your spouse and \$5,000 U.S.D. for each child.

You must document your sources of funding for the full term of your study at Marymount University. The funds for the first year must be guaranteed, either currently on deposit or documented in a scholarship letter if you are a sponsored student. Funds for the subsequent years must be committed by your sponsor or scholarship source. Bank statements may include checking or savings accounts, certificates of deposit, or money market accounts. **We do not accept real property, corporate assets, or salary letters.** Send current (within the previous 12 months) original bank statements and/or letters of support, including the appropriate signatures of the issuing authority (account holders signature). If the source(s) of your support will change after the first year, please explain on a separate sheet.

Students holding F-1 or J-1 visas should not anticipate employment as a means of support while studying at Marymount. Employment for students with F-1 and J-2 visas is restricted.



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Dependent Information

Do you plan to bring any dependents with you? Please select all that apply:

- I plan to come alone
- I plan to bring my spouse (proof of additional \$7,500)
- I plan to bring my child/children (proof of additional \$5,000 per child)

If you are bringing your children, how many children will you need an I-20 for? _____

Funding

Please see the breakdown of the total estimated costs in the chart below. If you are a Graduate student, refer to the column that applies for your degree program.

	Undergraduate	Graduate (general)	Graduate Education	Graduate Business/IT	Doctor of Physical Therapy
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Sources of Funding

Below you will select your source of funding. You may provide more than one source of funding, if needed. Please select all that apply:

- Personal Funding
- Funding from parent or individual sponsor
- Funding assistance from Marymount such as a scholarship
- Government sponsor
- Private organization/employer
- Other: _____

*If you have selected funding assistance, government sponsorship or private organization/employer and are providing a scholarship letter with a signature as your proof of funding document, your sponsor does not need to provide a signature below.

Attestation

Parent/Sponsor: I certify that the information provided here is correct and complete. I will be responsible for adhering to all university tuition, fees, room and board, and health insurance payment schedules.

Signature Date and Place Signed Print Name: _____
Last (family) name, First name

Relationship to applicant Address

Applicant: I certify that the information provided here is correct and complete. I will be responsible for adhering to all university tuition, fees, room and board, and health insurance payment schedules.

Signature of Applicant Date and Place Signed Print Name: _____
Last (family) name, First name