

Declaration of Finances

Office of Admissions · 2807 North Glebe Road, Arlington, Virginia 22207-4299 · Phone: (703) 284-1500 · Fax: (703) 522-0349

Under U.S. government regulations, all international students attending a U.S. institution under F-1 visa status must demonstrate the ability to meet all expenses associated with their first academic year of study. Admitted international sutdents must submit this form to the Office of Admissions and support financial documentation in the form of original bank statements signed and stamped by a bank official. Sponsoring agencies, governments, or companies must provide a letter that includes the student's name, the amount of U.S. dollars 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 six months of the I-20 issuance.

F-1 visa students must study full time during the fall and spring semesters but are not required to attend the summer term (unless the initial period of enrollment is in the summer or if their course of study requires it). Summer enrollment is an additional cost. For the 2021-2022 academic year, the estimated cost of attendance, including living expenses, tuition, and fees for full-time enrollment, is:

Undergraduate students: \$57,081 U.S. dollars		
Graduate students: \$44,811 U.S. dollars		
Graduate Business students: \$44,911 U.S. dollars		
Doctor of Physical Therapy students: \$63,700 U.S. dollar	nrs	
The additional financial support that must be demonstra academic year. Please visit the student accounts websit		t is \$7,000 for the spouse and \$4,500 for each child, per tion and fees
Student's name:	First/Given/Personal	Middle
Sponsor's name:	First/Given/Personal	Relationship to Applicant
you have additional sponsors, use the same form for ea	ch of your sponsors.	
Sponsor's address:		
Street	Apt. No.	City
rovince/Territory/State	Zip Code/Postal Code	Country
Phone, including country/area code: ()		
ponsor's assured support for 2021-22 academic year	U.S. \$	
rojected support for 2022-23:	U.S. \$	
Projected support for 2023-24:	U.S. \$	
Projected support for 2024-25:	U.S. \$	
SPONSOR: This is to certify that I have read the infortival lable and will be provided as stated.	mation provided by the applicant on	this form, that it is true and accurate, and that the funds are
Print Name of Sponsor:		Date:
Signature of Sponsor:		
		financial contribution and the sponsor's name and signat
vun ine student s name. Include a corresponding ban		
with the student's name. Include a corresponding ban STUDENT: I certify that the information provided here and health insurance payment schedules.	is complete and accurate. I will be r	responsible for adhering to all university tuition, room and b

Please submit this form and all supporting documents by uploading them to the ISSS portal

https://international.marymount.edu/

If you are unable to upload these documents or have any questions, please send them to: international.admissions@marymount.edu