

## CERTIFICATE OF FINANCIAL RESPONSIBILITY

### I. PERSONAL INFORMATION: Please type or print only

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX:  Female  Male  
Month Day Year

COUNTRY: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**YOUR ADDRESS:** *Your I-20 or DS-2019 will be mailed to the address you provide below. Please print legibly. We do not mail the I-20 or DS-2019 by Fed-Ex or courier.*



Prior to processing your I-20 or DS-2019 document, the OISS must receive this certificate properly endorsed (see page 2). If you are receiving funds a scholarship, assistantship or sponsorship from URI or another source your I-20 or DS-2019 will reflect only the funds that we can verified.

- DO NOT SUBMIT THIS FORM UNTIL YOU HAVE BEEN ADMITTED TO THE UNIVERSITY.

### II. ACADEMIC INFORMATION: Please check the appropriate boxes

Admitted for:  Fall  Spring  Summer  
 2008  2009  2010  2011  2012  2013  
Admitted as a:  Freshman  Sophomore  Junior  Senior  Master's  Ph.D.  
 Transfer  Exchange  Visiting

Name of current university \_\_\_\_\_

### III. FINANCIAL INFORMATION: This section must show funds availability for at least one year

Assistantship/ Scholarship: \_\_\_\_\_ \$ \_\_\_\_\_  
URI department Amount  
 Fellowship/Scholarship/Grant *not* from URI: \$ \_\_\_\_\_  
Amount  
 Family/Personal/Sponsor *not* from URI: (see section IV) \$ \_\_\_\_\_  
Amount

### IV. AFFIDAVIT OF SUPPORT: Section should be completed by student's sponsor and bank only

**Sponsor's Certification:** To be completed by sponsor only

I, \_\_\_\_\_, will be the guarantor of financial obligations incurred  
(name of guarantor)  
for \_\_\_\_\_ during enrollment at the  
(name of student)

**Bank's Certification:** To be completed by bank official only

This is to certify that \_\_\_\_\_, the sponsor for applicant  
(name of guarantor)  
\_\_\_\_\_ maintains the following account(s) with  
(name of student)  
\_\_\_\_\_.  
(name of bank/financial institution)

This certificate is issued without any liability on the part of the bank or any of its officials.

Account Type	Amount
Total in US dollars:	

**Include the bank's official stamp or seal in this box.**

Name of bank employee: \_\_\_\_\_

Signature of bank employee: \_\_\_\_\_ Date: \_\_\_\_\_

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**V. IMPORTANT INFORMATION: Read carefully before signing**

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- THE PROOF OF FUNDING SUBMITTED TO OUR OFFICE CANNOT BE OLDER THAN 30 DAYS.
- DO NOT SUBMIT THIS FORM UNTIL YOU HAVE BEEN ADMITTED TO THE UNIVERSITY.

By signing below, I certify that the information I have provided on this form is true and correct.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Mail this form to:**

Office of International Education, University of Rhode Island  
7 Lippitt Road, Taft Hall - Room 107  
Kingston, RI 02881