

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. Check with your academic department to see if they provide that service.



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

If you are unable to view our welcome packet from our website at: <http://www.uri.edu/iss/orientation/orientation.htm> please check this box so that we may mail you a welcome packet to the address specified above.

II. ACADEMIC INFORMATION: Please check the appropriate boxes

Admitted for: Fall Spring Summer
 2005 2006 2007 2008 2009 2010

Admitted as a: Freshman Sophomore Junior Senior Master's Ph.D.

Admitted as a transfer/exchange student from: _____
Name of current university

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

Assistantship/ Scholarship awarded from URI: _____ \$ _____
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)
University of Rhode Island.
Signature _____ Date: _____

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: _____

V. IMPORTANT INFORMATION: Read carefully before signing

Prior to processing your I-20 or DS-2019 document, the Office of International Students and Scholars must receive this certificate properly endorsed. If you are receiving a scholarship/assistantship or sponsorship from URI, or another agency your I-20 or DS-2019 will only reflect the funds that have been verified directly from the granting department or agency. Please have them send us verification of such funds. **THE PROOF OF FUNDING SUBMITTED TO OUR OFFICE CANNOT BE OLDER THAN 30 DAYS. THEREFORE, 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:

University of Rhode Island, Office of International Students and Scholars, 37 Lower College Road, Kingston, RI 02881