

FINANCIAL CERTIFICATION FORM
FOR INTERNATIONAL STUDENTS ADMITTED FOR ACADEMIC YEAR 2018-19
Yale School of Architecture, Yale University – M.Arch I

Last/Family Name: _____ First Name: _____ Date of Birth: _____ City of Birth: _____
 (mm/dd/yy)

Please respond to all below:

1. I am receiving funding from Yale University. ____yes____no. If yes, please indicate amount: _____
2. I will be coming to Yale by myself ____with____ spouse__with children____(indicate #)
3. I will attend a summer program at Yale prior to beginning my graduate studies. ____yes____no
 If yes, please indicate which program: _____.

- You must submit documentation that you will have available the minimum sum of \$74,824 for the first year of your academic program at Yale University, plus additional funds if your spouse and/or child will accompany you to Yale.
- If you plan to bring dependents with you to the U.S. you must submit proof of an additional \$12,196 for your spouse or \$24,888 for a family with 1 child above the estimated expenses for a single student. (Remember dependents in F-2 status cannot work in the U.S.)
- In order to assure that you will have sufficient time to receive your I-20 and apply for your visa, please submit your financial documents by no later than April 30, 2018.

Acceptable Forms of Financial Certification

The following forms of financial certification are acceptable:

1. An original bank statement (or certified copy) on bank stationery in your or your family's name. The statement must be issued within the last six (6) months and include your current balance in US dollars.
2. A photocopy of a scholarship letter in your name for study at Yale University.
3. If you are going to be supported by a US citizen or US permanent resident family member or friend, your sponsor must complete A U.S. Affidavit of Support Form (USCIS form I-134) accompanied by original financial documentation as required on the form.

ESTIMATED EXPENSES FOR THE ACADEMIC YEAR 2018-2019

Estimated Expenses	Single Student	Student w/Spouse
Tuition	\$50,990	
Living Expenses	\$21,432	
Required Health Insurance	\$2,402	
TOTAL	\$74,824	

**PLEASE IDENTIFY THE SOURCES AND AMOUNTS OF FINANCIAL SUPPORT
 FOR DURATION OF ACADEMIC PROGRAM - SEE CHART ABOVE FOR TOTAL OF FUNDS REQUIRED**

If your program is a multi-year program, indicate the anticipated source of funding for each year.

Sources of Funding	Year #1	Year #2	Year #3	Year #4
1.				
2.				
TOTALS				

I certify that I have truthfully stated the financial arrangements to support my studies at Yale University.

Signature: _____

Date: _____

**RETURN WITH THE REQUIRED FINANCIAL DOCUMENTATION BY EMAIL TO: archfinancialaid@yale.edu
 PLEASE INSERT THE FOLLOWING INTO THE SUBJECT LINE OF YOUR EMAIL: FINANCIAL FORM**

DEPARTMENT USE ONLY:

Degree Program: _____ Expected Start Date: _____ Expected Graduation Date: _____

Admissions Officer Name: _____ Initials: _____ Review Date: _____