

CERTIFICATE OF FINANCIAL RESPONSIBILITY

I. PERSONAL INFORMATION: Please type or print only

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____
Month Day Year

SEX: Female Male

COUNTRY: _____ COUNTRY OF CITIZENSHIP: _____

E-MAIL: _____ URI ID#: _____

ADDRESS: The I-20 document will be mailed to the address you provide below. Please print legibly. We **will send** the I-20 by Fed-Ex or courier.



Recipients of a URI scholarship, U.S. funds or own government funds must submit the award letter from the granting source to Undergraduate Admission. If the funding listed is not equal to the estimated cost of attendance, according to your degree level or program, submit page 2 with additional evidence. Proof of funding must not be more than 60 days old.

Admission will not process I-20 document, until it has received this notarized certificate, funding letter, and/or a bank statement listing funds equal to the estimated cost of attendance.

II. ACADEMIC INFORMATION: Please check the appropriate boxes

Admitted for: Fall Spring Summer
 2019 2020 2021 2022 2023 2024

Admitted as a: Freshman Sophomore Junior Senior

Admitted as a transfer student from: _____
Name of current University

III. FINANCIAL INFORMATION:

Scholarship awarded from URI: _____ \$ _____
URI department Amount

Scholarship/Grant *not* from URI: _____ \$ _____
Amount

Family/Personal/Sponsor *not* from URI: (see section IV) _____ \$ _____
Amount

October 2019

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 official:

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

- THE PROOF OF FUNDING SUBMITTED TO OUR OFFICE CANNOT BE OLDER THAN 30 DAYS. By signing below, I certifying 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
Undergraduate Admission
14 Upper College Road
Kingston, RI 02881

internationaladmission@uri.edu