

**STATE UNIVERSITY OF NEW YORK  
FOREIGN STUDENT FINANCIAL STATEMENT**  
Be Sure to Read the Information on the Reverse Side Before Completing This Form.

FSA-4  
C2912-783

**PART I** Write in ink or type

1. Name of Applicant Mr. \_\_\_\_\_  
                                  Ms. \_\_\_\_\_ (family name) \_\_\_\_\_ (first, given) \_\_\_\_\_ (middle)
2. Permanent Address \_\_\_\_\_
3. Campus to which you are applying \_\_\_\_\_
4. Major field/department \_\_\_\_\_
5. Degree for which you are applying \_\_\_\_\_
6. I expect my program of study to take \_\_\_\_\_ years to complete.
7. Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                  mo            day            year
8. Country of Citizenship \_\_\_\_\_
9.  I plan to come without dependents  
 The following dependents will accompany me (list names and relationships)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Does your country restrict dollar exchange? yes  no   
What is the maximum dollar amount permitted for a student?  
\$ \_\_\_\_\_
11. Total amount of U.S. dollars you expect to bring with you upon arrival (tuition, room, meals, and books must be paid at the beginning of each semester)  
\$ \_\_\_\_\_
12. Do you have a source within the U.S. for emergency funds once you arrive in this country?  
yes  no
13. If YES, name source \_\_\_\_\_  
Amount Available in U.S.: \$ \_\_\_\_\_

**PART II** Complete each relevant item below. Sign and date the form after (C).

**Enter amount of assured support available for each year of study in U.S. dollars.**

Source of Funds	Year 1	Year 2	Year 3	Year 4	Required Verification
Personal Savings Name of Bank _____ Account Holder _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) and (C) below
Family/Relative/Sponsor Name _____ Name _____ Name _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A), (B), and (C) below
Scholarship/Loan Awarded by _____ _____	\$	\$	\$	\$	1. Official award letter. See instructions on reverse side 2. Loan approval letter. See instructions on reverse side 3. Complete (C) below
Government/Employer/Other Name of sponsor _____ Other (specify source and type of support) _____	\$	\$	\$	\$	1. Official letter of support. See instructions on reverse side. 2. Bank statements, affidavits, or sworn statements 3. Complete (C) below
<b>Totals</b>	\$	\$	\$	\$	

**VERIFICATION:**

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the applicant, his family members, or sponsors (named above) at the savings institution named below. (Verification of amounts is without liability for the bank or its officials). Attach separate statement of accounts with official signature/seal.

Name of Bank \_\_\_\_\_ Date \_\_\_\_\_  
Bank Official's Title \_\_\_\_\_ Bank Official's Signature/Seal \_\_\_\_\_

B. This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I (we) are submitting bank statements indicating the availability of these funds. I (we) further understand that the State University cannot provide ANY financial assistance to the applicant and that I (we) must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment.

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form with all additional financial documentation directly to the SUNY campus to which you are applying.

