UNIVERSITY AT ALBANY
State University of New York

International Financial Statement
Please print in ink or type

Section I

Name of Applicant: Family/Surname First/Given Name Middle

Major: Birthday: Month / Day / Year

Country of birth: Country of Citizenship:

Email Address (print neatly in block letters):

☐ I plan to come without dependents (spouse/children)

☐ I plan to come with dependents. The following dependents (spouse/children) will accompany me:

Family/Given Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship to Applicant

Section II

Applicants are responsible for all costs of attending the university (4-5 years for freshmen, 2-3 years for transfer students). University costs are subjects to change and increase an average of 5 percent annually. You and your sponsor must sign verification statements A. and B. at the bottom of this page indicating that you are responsible for all costs. Check the appropriate statements below indicating where your first year of funding will come from (multiple sources are acceptable). Attach the appropriate financial documentation showing availability of one year's funding.

Source of Funds
Check (√) the boxes showing where your first year of funding will come from and indicate the amount that will come from that source. The total must amount to at least $52,816.

Source:	Amount:
☐ I will pay from my own personal account.	$_____
☐ My family will pay for my education.	$_____
☐ I will have a scholarship from:_____	$_____
☐ I will have a student loan from:_____	$_____
☐ My Government/Company will pay for my education.	$_____
☐ Other (Specify):_____	$_____
	Total $_____

Verification:

A. This is to certify that I (we) the undersigned agree to provide the funds required for all years of study at the University of Albany and that I (we) are submitting bank statements indicating the availability of these funds.

Sponsor's Signature Date Relationship to Applicant

Sponsor's Signature Date Relationship to Applicant

B. 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 stamen will result in an automatic denial of admission.

Sponsor's Signature Date Relationship to Applicant

Return this form with required verification to:

Attn: John Pomeroy
University at Albany
Int'l Admissions & Recruitment
1400 Washington Ave,
Albany, NY 12206, USA

Telephone: 1-518-591-8172
Email: uginternational@albany.edu
Website: www.albany.edu