

FINANCIAL DECLARATION FOR INTERNATIONAL STUDENTS

Submit the original forms with student signatures and official bank seals to Lasell College, Office of Graduate Admission. These documents are necessary for issuance of an I-20. After completing this form and obtaining the required financial documents, please retain a copy for your records (i.e. you will need a copy for the U.S. Consulate officials).

Please print or type:		
Full Name:		
(Family)	(First)	(Middle)
Anticipated Program of Study:		
Date of Birth:	Country of Birth:	
Country of Citizenship:		
Student mailing address:		
Telephone Number (including countr	y code):	
Fax Number (including country code):	
International Permanent Address: (Boxes please):	if different than above, where I-20 and ar	ny documentation should be mailed, no PO
Telephone Number (including countr	y code):	
Fax Number (including country code):	

Please notify the Office of Graduate Admission of any changes in the above information.

2014-2015 Costs

Lasell College Tuition and Fees for study in a graduate degree program totals \$21,795.00 U.S. dollars for students not living on campus. In addition students must prove an additional \$12,300.00 in living expenses. Totals do not include books or personal expenses.

Fax: (617) 243-2450 | Phone: (617) 243-2400 | 1844 Commonwealth Avenue | Newton, Ma 02466

STATEMENT OF FINANCIAL SUPPORT

The U.S. Immigration and Naturalization Service require that you provide evidence of ability to pay for your education at Lasell College.

SOURCE OF FUNDS

Ple	ase print or type:	
Pe	rsonal Savings:	Amount in U.S. Dollars \$
 Nar	ne of Bank	Signature of Bank Official
Dat	e (month/day/year)	Name of Bank Official
Title	e of Bank Official	Official Bank Seal or Stamp is required.
PΙε	ease complete sections A-C:	
Α.	<u>Family</u>	
Ple	ase print or type:	
	Parent's/Guardian's Name	Signature
	Name of Bank	A. Amount in U.S. Dollars \$
B.	Sponsor	
	Sponsor's Name	Sponsor's signature
	Sponsor's Address	
	Sponsor's Telephone Number (including country code)	Sponsor's Fax Number (including country code)
	Name of Bank	B. Amount in U.S. Dollars \$

Name of Agency		
Agency Address	C. Amount in U.S. Dollars \$	
Please add amounts in Sections A, B and C.	Total Amount in U.S. Dollars \$	
certify that the total amount available to me for my first year transportation and personal expenses). I certify that all inform	, , ,	
Signature of Student	Date (month/day/year)	