International Center, The University of Akronimmigration@uakron.edu Phone: 33@72-6349

## Declaration& Certification of Finance (DCF) or Spring2025-Fall2025

Estimated minimum funding requirements for issuance of a be found below.

## PART1 (TOBECOMPLETEBYTHE STUDENT):

Nameof Student:

StudentID#(if known):\_\_\_\_\_

(Last name, First namesit appearson your passport)

Date of Birth:\_\_\_\_\_

Are you currently in the USA? Yes† No † If yes, what is your current visastatus: \_\_\_\_\_

Checkeachbox that applies to you. You can check more than one box

- † <u>I havemy own funds to support my studies</u> The amount of funding is USD\$\_\_\_\_\_, and I will be able to provide this amount eachyear. (Attacha copyof your financial documentation See attached information for acceptable documen) is
- † <u>I will be supported by a sponsor(s)</u>(Yoursponsor(s) must ompletePart2 of this formand submit copyof their financial documentation.)
- † <u>I have a scholarshipgovernment</u>, athletic, academic, etc.). (Include a copy of your scholarship)letter.
- † lam planning to bring dependent(s)Complete Part 3)

I ertify

Relationshipto the student:

(example:parent,friend,employer,

## PART3 (TOBECOMPLETERYTHESTUDENTOnly if bringing dependents):

If you willbe bringing yourspouse and/orchild(ren),complete the chartbelow. Otherwise, please leave his section blank. This information will be used to issue the dependen 1-20(s) for your spouse and/or child(ren):

| Family(Last)Name,FirstName(s) | Dateof Birth<br>(mm/dd/yyyy) | Countryof Birth | Countryof<br>Citizenship | Gender | Relationship<br>(Spouseor Child) |
|-------------------------------|------------------------------|-----------------|--------------------------|--------|----------------------------------|
|                               |                              |                 |                          |        |                                  |
|                               |                              |                 |                          |        |                                  |
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