

Financial Certification Form for Online Degree Programs that Require On-Campus Residencies

It is each F-1 applicant's responsibility to demonstrate sufficient funding for all academic and living expenses during his/her entire course of study/on-campus residency at Regent University in the United States. In order to obtain an I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status), which is required for the F-1 student immigration status/visas; the applicants must submit documentary evidence of financial support for the entire period of their residency in the United States.

Financial Estimates for On-Campus Residencies

A. Determining the Total Estimated Cost for Your Particular Residency

Use the details below to determine the total estimated cost for your particular residency. You will need to know the estimated cost for your program in order to complete the *Financial Certification Form* on the next pages. Once you locate the "TOTAL ESTIMATED COST" for your residency program, you will need to list it in Section F.

| Residency Programs | Tuition and Fees | Living Expenses (per week) | TOTAL ESTIMATED COST | | | | | | | |
|--|---------------------|----------------------------------|---|--|--|--|--|--|--|--|
| School of Divinity | | | | | | | | | | |
| PhD in Renewal Theology | ***prepaid | \$1,575 (x2) | \$3,150 | | | | | | | |
| School of Psychology & Counseling | | | | | | | | | | |
| PhD Counselor Education & Supervision | *\$6,350 | \$1,200 | \$7,850 | | | | | | | |
| MA in Counseling licensure programs | *\$7,670 | \$1,200 | \$9,320 | | | | | | | |
| School of Communication & the Arts | | | | | | | | | | |
| PhD in Communication | ***\$3,600 | \$1,000 | \$4,600 (x number of classes enrolled in) | | | | | | | |

*PC: The tuition/residency fee will be paid by PC students the semester of the residency. Additional fees of \$300 for PhD and \$450 for MA are calculated in cost.

***DV: PhD Renewal Theology residency is in the middle of the semester and tuition would have already been paid. Residency is 2 weeks in length.

**** COM PhD residency is 1-2 weeks in length, depending on the number of courses enrolled in.

Updated 04/07/2022 - kgk



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Regent University Financial Certification Form for F-1 Students

| Student Name: | Regent ID: B | Email Address: | | | | | | | | | |
|---|--|-------------------|--|--|--|--|--|--|--|--|--|
| Date of Birth: | City of Birth: | Country of Birth: | | | | | | | | | |
| | A. Select the reason for submitting the Financial Affidavit. F-1 students for short-term on-campus residency programs must provide evidence of financial support for the estimated cost of attending residency in order to receive the types of I-20's listed below. | | | | | | | | | | |
| Self Ow Transfer in to Req To apply for a Ch | To enter the US as a new F-1 student: | | | | | | | | | | |
| Regent University will rely on the financial information below to determine eligibility for Form I-20 issuance. The student must inform Regent if these financial details change. Failure to meet financial obligations may result in a termination of the student's SEVIS record. | | | | | | | | | | | |
| B. Student Financial Co | ertification (handwritten signature required). | | | | | | | | | | |
| letters, are available for education at Regent Ur | I certify that the amount of funds indicated in the bank certification section on this form, or in any submitted financial statements or letters, are available for my academic study at Regent University. Additionally, I have sufficient funding to support each year of my education at Regent University, including funds for my spouse and children, if applicable. Student Signature: Date: | | | | | | | | | | |
| C. Select the source of | your financial support. (select all that apply) | | | | | | | | | | |
| Self. Submit financial documents which list your name as the account holder. Sponsors. Submit financial documents which list account holder(s) as your spouse, parents, family or other individuals. Regent University Scholarship or Financial Award. Submit a copy of your award letter or notification. A Business, Private Organization, or Government. Submit letter on letterhead. Other. Please indicate your source of funding: | | | | | | | | | | | |
| Regent University Fina | D. Sponsor Financial Certification (only required if you have sponsors). <u>ALL</u> named account holders must sign and certify the Regent University Financial Affidavit. If you have more than three sponsors, please include another page one of the financial affidavit with the additional sponsors. Names may be typed, but signatures must be handwritten. | | | | | | | | | | |
| | g and able to financially support the student named o this form, or in the attached bank statement or letter, | | | | | | | | | | |
| Sponsor #1 Name: | | | | | | | | | | | |
| Sponsor Signature: | | Date: | | | | | | | | | |
| Sponsor #2 Name: | | | | | | | | | | | |
| Sponsor Signature: | | Date: | | | | | | | | | |
| Sponsor #3 Name: | | | | | | | | | | | |
| Sponsor Signature: | | Date: | | | | | | | | | |

| E. Bank (| Certification. Eit | ther have you | r bank complete this section OR | attach an official suppleme | ntal funding docum | ent. | | | | | |
|--|---|----------------|---------------------------------|-----------------------------|-------------------------------|----------------------------|---------------------------|--|--|--|--|
| I certify that the student or the sponsor named on this form has full access to the funds described in this section. Further, I certify that the funds described in this section can be withdrawn at any time, are liquid, and can be used without restriction to sponsor the education of the above named student while in the United States. This certification is given for the student's educational purpose in the United States and does not hold the bank responsible or liable. Official Stamp or Seal of Bank: | | | | | | | | | | | |
| Name of | f Bank: | | | | Official Stamp o | r Seal of Bank: | | | | | |
| Address | of Bank: | | | | | | | | | | |
| Name of | Account Hold | er: | | | | | | | | | |
| Last 4 D | igits of Acct. # | : | | | | | | | | | |
| Availabl | e Amount in US | S Dollars: | | | | | | | | | |
| Bank Of | ficial's Name (F | PRINT): | | | | | | | | | |
| Bank Of | ficial's Title: | | | | | | | | | | |
| Bank Of | ficial's Signatu | re: | | D |)ate: | | | | | | |
| | | | | | | | | | | | |
| reques arrang status | Estimated costs are on page 1 of this document. You must provide financial certification of these minimum amounts as a part of the I-20 request process. These estimates are subject to change without prior notice; the exact costs of attendance will vary by student based on living arrangements and course registration. For dependents: You will need to add \$500 for each dependent you will bring, if you will seek F-2 status for them. It is recommended that dependents enter under a B1/B2 visitor visa. Email intladvising@regent.edu if you need assistance. G. Financial Affidavit F-2 Dependents: This section is only required if you have dependents coming to or remaining in the U.S. | | | | | | | | | | |
| | | <u>'</u> | • | | J | | | | | | |
| Add or Maintain Dependent(s) to F-1 Record Student Certification (Handwritten signature required). By signing below, I request the creation/maintenance of the F-2 SEVIS records for my spouse and/or child. I understand that dependents in F-2 status are permitted to stay in the United States only to the extent that the F-1 student is authorized to stay. F-2 spouses may not work and may only engage in part time study, and F-2 children may only engage in full time study in elementary or secondary school. | | | | | | | | | | | |
| Student | Signature: | | | Date: | | | | | | | |
| Re | move Depende | ent(s) from | F-1 Record | | | | | | | | |
| | Student Certification (handwritten signature required). I certify that by signing below, I request that my dependent(s) SEVIS record(s) be terminated. I understand that the I-20 my dependent holds is no longer valid for purposes of entering or remaining in the U.S. | | | | | | | | | | |
| Student | Student Signature:Date: | | | | | | | | | | |
| H Deno | ndent Informa | tion This | section is only required if you | are adding or removing | vour denendents | from your SE | VIS | | | | |
| record, fill | | | You must submit a copy of | | orts with this form | | | | | | |
| Add or Remove | Relationship | Gender | Family Name/Surname | Given Name | Date of Birth (mm/dd/yyyy) | City & Country of Birth | Country of Citizenship | | | | |
| Add Remove | O Spouse O Child | Male Female | | | | | | | | | |
| Add Remove | ○ Child | Male Female | | | | | | | | | |
| Add Remove | Child | Male Female | | | | | | | | | |
| Add Remove | ○ Child | Male Female | | | | | | | | | |