



INTERNATIONAL STUDENT CERTIFICATION OF FINANCES 2025-2026

The purpose of the *Certification of Finances* is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising education costs and economic conditions have made verifying the financial resources of international applicants essential. Institutions do not have the option of deciding whether to verify the financial resources of their international applicants; financial verification must be made prior to institutional issuance of a Certificate of Eligibility (Form I-20 or DS-2019).

This form is designed to standardize financial information provided by applicants to colleges, universities and U.S. consuls. By completing this form and returning it to the college or university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or DS-2019). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the International Student Financial Aid Application to the family for completion. The institution should attach a copy of this certification to the Certificate of Eligibility. U.S. consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. This certification will help such officials make their decisions and expedite visa issuance.

Return this form directly to:

Northwestern Health Sciences University
Office of Admissions
admit@nwhealth.edu
952-885-5409

The space below is for optional use by issuing institutions for listing student's expected annual budget.

1. Your Name

Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐

Last Name / Family (Surname)

Given (first)

Middle

2. Permanent Address

3. Mailing Address (if different from above)

4. Date of Birth

____	____	____
Month	Day	Year

5. Place of Birth (Country)

6. Country of Citizenship

7. Expected Visa Type (Check/circle only one)

F-1	G-2
F-2	G-3
J-1	G-4
J-2	H
G-1	Other (Specify) _____

8. Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

		Dollar Amount	
8a. Personal or Family Saving	Support 2025-26	\$	.00 (Assured Support)
	Support 2026-27	\$	.00 (Projected Support)
	Support 2027-28	\$	.00 (Projected Support)
	Support 2028-29	\$	.00 (Projected Support)

Name of Bank

Signature of Bank Official

Title

Address of Bank

Date

Place Bank Stamp in the white space below

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated. Need signatures from all persons listed as an owner on an account.

8b. Parents (Money available from sources other than savings.)

		Dollar Amount	
Parent / Guardian #1 Name	Support 2025-26	\$	.00 (Assured Support)
	Support 2026-27	\$	.00 (Projected Support)
	Support 2027-28	\$	.00 (Projected Support)
	Support 2028-29	\$	.00 (Projected Support)

Relationship

		Dollar Amount	
Parent / Guardian #2 Name	Support 2025-26	\$	.00 (Assured Support)
	Support 2026-27	\$	.00 (Projected Support)
	Support 2027-28	\$	.00 (Projected Support)
	Support 2028-29	\$	.00 (Projected Support)

Relationship

Please Describe the source:

Parent #1 Signature	Date
Parent #2 Signature	Date

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8c. Sponsors (Money available from sources other than parents.)

		Dollar Amount	
Sponsor #1 Name	Support 2025-26	\$	.00 (Assured Support)
	Support 2026-27	\$	.00 (Projected Support)
	Support 2027-28	\$	.00 (Projected Support)
Signature of Sponsor	Date	Support 2028-29	\$.00 (Projected Support)

		Dollar Amount	
Sponsor #2 Name	Support 2025-26	\$	.00 (Assured Support)
	Support 2026-27	\$	.00 (Projected Support)
	Support 2027-28	\$	.00 (Projected Support)
Signature of Sponsor	Date	Support 2028-29	\$.00 (Projected Support)

Please describe the source

Sponsor Address

Relationship of Sponsor to Student

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8d. Your Government

		Dollar Amount	
Name of Agency	Support 2025-26	\$	.00 (Assured Support)
	Support 2026-27	\$	.00 (Projected Support)
	Support 2027-28	\$	.00 (Projected Support)
	Support 2028-29	\$	.00 (Projected Support)

Enclose a signed copy of your letter of award with this form

TOTAL of Sections 8a, 8b, 8c, and 8d

		Total Dollar Amount	
Support 2025-26	\$	.00 (Assured Support)	
Support 2026-27	\$	.00 (Projected Support)	
Support 2027-28	\$	.00 (Projected Support)	
Support 2028-29	\$	.00 (Projected Support)	

9. What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3,100 pesos = \$1)

_____ = \$1

10. Does your government currently impose

If YES, describe restrictions:

restrictions on exchange and release of funds for study in the U.S.?

Yes ☐
No ☐

11. Do you have a source for emergency funds once you arrive in the U.S.?

Yes ☐
No ☐

If YES, name source

Amount available in U.S. dollars \$ _____

12. How will you pay for your transportation to the U.S. _____

13. What is the total amount of money you expect to have when you arrive at NWHSU? U.S. \$ _____

14. Do you plan to remain in the U.S. during the summer?

Yes ☐
No ☐

15. If remaining in the U.S. do you plan to attend summer school?

Yes ☐
No ☐

16. What are the sources and amounts of support available to you during the summer?

Sources: _____

Dollar Amount

U.S. \$ _____
U.S. \$ _____
U.S. \$ _____
U.S. \$ _____

17. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) Will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. consul to obtain a visa.

I certify that the information on this form is true, correct and complete.

I understand that any misrepresentation may be cause for refusing or revoking admission.

SIGNATURE OF STUDENT _____

DATE _____

Day / Month / Year

FOR OFFICE USE ONLY

This is to certify that I have reviewed the declaration and attached documents. If appropriate, and approve issuance of a Certificate of Eligibility.

Signature of College Official: _____

Title of College Official: _____

Name of Institution:

Address:

Date: