Financial Statement for Incoming FEE-PAYING Exchange Students

FAMILY NAME: ____________________________ First Name: ____________________________

This form AND a supporting bank statement are mandatory in order to receive a DS-2019, which is necessary to apply for a J-1 student visa.

NOTE: THERE IS NO FINANCIAL AID AVAILABLE TO INTERNATIONAL STUDENTS.

ESTIMATED COSTS OF ATTENDANCE for Fall/Spring 2015-2016

These are the current estimates. The actual costs may be greater due to inflation and other increases in costs.

<table>
<thead>
<tr>
<th></th>
<th>One Semester ONLY</th>
<th>Two Semesters (Fall &amp; Spring)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$3800</td>
<td>$7600</td>
</tr>
<tr>
<td>Food</td>
<td>$1500</td>
<td>$3000</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$1500</td>
<td>$3000</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$500</td>
<td>$1000</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$500</td>
<td>$1000</td>
</tr>
<tr>
<td>Tuition and Fees</td>
<td>$12,750</td>
<td>$25,500</td>
</tr>
</tbody>
</table>

**TOTAL**

$20,550  $41,100

Choose ONE:

___ I will be sponsored by another individual. Please have sponsor complete form below and submit original bank statement showing available funds of at least $20,550 for each semester of study.

___ I will be self-supporting. Please complete form below and submit original bank statement showing available funds of at least $20,550 for each semester of study.

___ I will be sponsored by my government. Please submit official documentation verifying government support for at least $20,550 for each semester of study.

I, _________________________________________ (Name of Applicant or Sponsor if applicant is not self-supporting), certify that I have read and fully understand the above. I further certify that I have financial resources to cover all expenses of the student, while in the United States. An original bank statement as described above is attached to this form. I understand that the inclusion of any false information concerning financial support will be considered grounds for the student’s dismissal from the Georgia Institute of Technology.

Signature of Applicant/Sponsor: _____________________________  Date: ___________________

Relationship to Applicant: _____________________________

Total Amount Available in USD for the First Year:  $ _______________________

Name of Bank ______________________________________________________________________
Address of Bank ____________________________________________________________________

*Note: Financial Information provided must be accurate and dated no earlier than 6 months prior to the date of enrollment. A DS-2019 will NOT be issued without both the completed form AND proper bank statement. (Faxed copies are unacceptable.)