



FINANCIAL CERTIFICATION FORM FOR INTERNATIONAL STUDENTS ADMITTED FOR 2017-2018 Yale School of Public Health MPH Program

Last/Family Name: _____ First Name: _____ Date of Birth: _____ City of Birth: _____

(mm/dd/yy)

Please provide your complete mailing address for visa related documents:

Please respond to all below:

1. I am receiving funding from Yale University. ___ yes ___ no. If yes, please indicate amount: _____
2. I will be coming to Yale by ___ myself ___ with spouse ___ with children (indicate #)
3. I will attend a summer program at Yale prior to beginning my graduate studies. ___ yes ___ no If yes, please indicate which program: _____.

- You must submit documentation that you will have available the minimum sum of \$66,504. for the first year of your academic program at Yale University, plus additional funds if your spouse and/or child will accompany you to Yale.
- If you plan to bring dependents with you to the U.S. you must submit proof of an additional \$5,625 for your spouse and \$3,753 for each child above the estimated expenses for a single student. (Remember dependents in F-2 status cannot work in the U.S.)
- In order to assure that you will have sufficient time to receive your I-20 and apply for your visa, please submit your financial documents by no later than May 30, 2017

Acceptable Forms of Financial Certification

The following forms of financial certification are acceptable:

1. An original bank statement (or certified copy) on bank stationery in your or your family's name. The statement must be issued within the last six (6) months and include your current balance in US dollars.
2. A photocopy of a scholarship letter in your name for study at Yale University.
3. If you are going to be supported by a US citizen or US permanent resident family member or friend, your sponsor must complete A U.S. Affidavit of Support Form (USCIS form I-134) accompanied by original financial documentation as required on the form.

ESTIMATED EXPENSES FOR THE ACADEMIC YEAR 2017-2018

Estimated Expenses	Single Student	Student w/Spouse
Tuition	\$43,500	\$43,500
Course Materials and Fees	\$1,595	1,595
Living Expenses	\$19,145	\$24,770
Required Health Insurance	\$2,264	\$2,264
TOTAL	\$66,504	\$72,129

PLEASE IDENTIFY THE SOURCES AND AMOUNTS OF FINANCIAL SUPPORT FOR DURATION OF ACADEMIC PROGRAM - SEE CHART ABOVE FOR TOTAL OF FUNDS REQUIRED

If your program is a two year program, indicate the anticipated source of funding for both years.

Sources of Funding	Year #1	Year #2
1.		
2.		
3.		
TOTALS		

I certify that I have truthfully stated the financial arrangements to support my studies at Yale University.

Signature: _____

Date: _____

RETURN WITH THE REQUIRED FINANCIAL DOCUMENTATION BY FAX TO 203-785-7356 OR EMAIL TO: ysph.admissions@yale.edu.

PLEASE INSERT THE FOLLOWING INTO THE SUBJECT LINE OF YOUR EMAIL: FINANCIAL FORM.

DEPARTMENT USE ONLY:

Degree Program: _____ Expected Start Date: _____ Expected Graduation Date: _____

Admissions Officer Name: _____ Initials: _____ Review Date: _____