



**AP MPH – Financial Certification Form for International Students – 2018-2019**



**INSTRUCTIONS – PLEASE READ CAREFULLY**

You must submit documentation that you will have available a minimum of \$84,696 for the first year of your academic program at Yale University, plus additional funds if your spouse and/or child will be accompanying you to Yale.

If you plan to bring dependents with you to the US you must submit proof of an additional \$7975 for your spouse and \$5775 for each child above the estimated expenses for a single student (remember dependents in F-2 status cannot work in the US). If your family requires [Yale Health Insurance](#) you will also be responsible for that additional cost.

The following forms of financial certification are acceptable:

1. An original banks statement (or certified copy) on bank stationary 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 permanent resident family member or friend, your sponsor must complete a [US Affidavit of Support \(USCIS form I-134\)](#) accompanied by original financial documentation as required on the form.

**FINANCIAL CERTIFICATION FORM—STUDENT MUST COMPLETE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Please provide your complete mailing address for visa related documents:

Please answer the following two questions:

1. I will be coming to Yale by myself \_\_\_\_\_ with my spouse \_\_\_\_\_ with my children \_\_\_\_\_
2. I will attend a summer program at Yale prior to beginning my graduate studies. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate which program: \_\_\_\_\_

PLEASE IDENTIFY THE SOURCES AND AMOUNTS OF FINANCIAL SUPPORT FOR THE DURATION OF YOUR ACADEMIC PROGRAM – SEE INSTRUCTIONS ABOVE FOR TOTAL FUNDS REQUIRED.

Funding Sources	Amount
1	\$
2	\$
3	\$
TOTAL	\$

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

I will print and return this form with the required financial documentation by fax to (203) 785-7356 or email to [ysph.admissions@Yale.edu](mailto:ysph.admissions@Yale.edu) with the subject line “Financial Form” by May 15.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT USE ONLY**

Degree Program: Advanced Professional Masters of Public Health Expected Start: 7/3/18 Expected Grad Date: 5/20/19

Admissions Officer Name: \_\_\_\_\_

Initials: \_\_\_\_\_

Review Date: \_\_\_\_\_