WESTERN
WASHINGTON UNIVERSITY

Graduate School
516 High Street, Old Main 530, Bellingham, Washington 98225-9037
(360) 650-3170, gradschool@wwu.edu, www.wwu.edu/gradschool

STATEMENT OF FINANCIAL RESPONSIBILITY

Please print and complete this form, then upload it to your application.

Western Washington University requires this statement of financial responsibility from applicants for non-immigrant visas. This document must be on file before admission will be considered. Financial aid is not available to international students. A student must be prepared to pay all educational and living expenses at the beginning of each quarter. If you do not have the required funds, WWU will not be able to issue the I-20 document that is required for applying for the F-1 student visa.

This estimate represents expenses for an academic year, or nine months. International travel, and summer expenses are not included. These charges are subject to change each year and students should be prepared for adjustments.

Please indicate the program to which you are applying and certify below the expected source of funding for associated expenses.

☐ **Master of Business Administration**	**$62,921**
☐ **Speech/Language Pathology**	**$60,821**
☐ **Clinical Doctorate of Audiology**	**$54,974**
☐ **Clinical Mental Health Counseling or School Counselor**	**$53,957**
☐ **Other Graduate Program**	**$52,628**

If admitted, you will need to provide documentation of funds on deposit that meets or exceeds the amount identified above according to the specific graduate program you intend to pursue before an I-20 may be issued. The actual account balance does not need to be disclosed. Funds may be retained in domestic currency at the time of validation, but reported **equivalent** to U.S. Dollars. All financial documents submitted with your application must be no older than six months. **All documents must be in English.** Note regarding Spouse/Children: Students declaring dependents (spouse and/or children) must show additional proof of financial support to cover living expenses and health insurance costs**. The financial documents must show an additional $9,357 USD per year for a spouse, and $6,660 USD per child/year.**

I, _____ certify that I understand that I will not receive financial aid from Western Washington University. The specific sources of my funds and the amount equivalent to U.S. Dollars from each source are listed below (**please indicate the appropriate sources)**:

☐ **Student's personal or family funds.** **U.S. $**_____

☐ *Student's personal funds:* I will submit a letter from a bank official to validate funds on deposit.

☐ *Funds from family member:* I will submit a letter from family member verifying support **and** a letter from a bank official to validate funds on deposit.

☐ **Funds from a sponsor** (person outside your family or agency). **U.S. $**_____
I will provide the sponsor's full name and address, or other source of funding and attach an official copy of the award letter.

☐ **Funds from government, or other agency.** **U.S. $**_____
I will provide the name, address and source of funding and attached an official copy of the award letter.

☐ **Verification of Employment.** (students commuting from Canada)
I will provide an official letter from my employer in lieu of funds on deposit.

TOTAL **U.S. $** _____

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge, and that I have available for my personal and academic expenses the full amount reported above.

_____

Last Name First Name Signature Date