

**SIMMONS SCHOOL FOR HEALTH STUDIES**  
**CERTIFICATION OF FINANCES - September 2008 - May 2009**

**REQUIRED ONLY FOR INTERNATIONAL APPLICANTS (NON-U.S. CITIZENS)**

This form is required of all applicants who are not U.S. citizens or U.S. permanent resident immigrants at the time of application for admission. This information is needed in order to issue a Form I-20 to obtain an F-1 Student Visa to study at Simmons College. This page and the next page of this form must be completed as part of the admission process before an admission application is reviewed and before a Form I-20 can be issued. Make copies of this form for your records.

Please carefully read this form and complete all sections before sending to the School for Health Studies at the address indicated. Photocopies or facsimiles are not acceptable. Original signatures are required. All statements must be in English and funds should be reflected in U.S. dollars (\$). Sources of support should not be more than six months old. Monthly bank statements and separate currency tables are not acceptable. Please print or type clearly.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Last (Family or Surname) \_\_\_\_\_ First (Given) \_\_\_\_\_ Former \_\_\_\_\_

Address: \_\_\_\_\_

(To which the I-20 should be sent. Not a Post Office Box) \_\_\_\_\_ Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax: \_\_\_\_\_

(country/city or area code/number) (country/city or area code/number)

Email: \_\_\_\_\_

(our primary form of communication)

Date of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

(Month, Day, Year)

Do you currently have a Visa?  yes  no If so, what type: \_\_\_\_\_

Please list below any dependents who will accompany you and remain with you during your study.

Name (given, surname)	Relationship to you	Date of birth (month, day, year)	Country of birth	Citizenship

**SOURCES OF SUPPORT AND SPONSORSHIP**

I certify that I am prepared to meet the anticipated yearly expenses (including funds for travel to and from the U.S.) for study at Simmons College. Funds will be provided by (check which apply)

my own savings  my family  my government  other (specify) \_\_\_\_\_

Sponsor's Name (print): \_\_\_\_\_

Given (First) \_\_\_\_\_ Surname or Family (Last) \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

Relationship of sponsor to student: \_\_\_\_\_

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**ESTIMATED STUDENT EXPENSES: ACADEMIC YEAR 2008-2009**

(Note that costs increase each year)

Academic Program	Tuition*	Housing & food	Fees & health insurance	Books & supplies	Personal** expenses	Total first year costs
Health Care Administration	\$26,970 (29 credits)	\$12,880	\$2,960	\$ 1015	\$5,900	US \$49,725
Nursing(Direct Entry)	\$57,760 (47 credits)	\$12,880	\$2,960	\$1,645	\$5,900	US \$81,145
Nursing(RN)	\$35,340 (38 credits)	\$12,880	\$2,960	\$1,330	\$5,900	US \$ 58,210
Nutrition	\$28,830 (31 credits)	\$12,880	\$2,960	\$1,085	\$5,900	US \$ 51,655
Physical Therapy	\$33,480 (36 credits)	\$12,880	\$3,470	\$1,260	\$5,900	US\$ 56,980
Dietetic Internship	\$11,160 (12 credits)	\$12,880	\$2960	\$ 105	\$5,900	US \$ 33,005

\*U.S. \$930 per credit hour for all programs, except that Direct Entry nursing will be US \$1,080 per credit hour for '08-'09

\*\* Includes allowance for transportation

**STATEMENT FROM BANK OR OTHER FINANCIAL AGENCY**

This is to certify that (print name of sponsor or self-supporting student) \_\_\_\_\_  
 whose signature appears herein, has ample funds (specify amount U.S. \$\_\_\_\_\_) to meet the yearly expenses of  
 (print name of student) \_\_\_\_\_. This certification does not constitute a statement of  
 liability on my part or that of the firm or bank I represent.

Name (please print): \_\_\_\_\_

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number: \_\_\_\_\_

(Country/City or Area Code/Number)

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

(Month/Day/Year)

**APPLICANT:** I certify that the information on this form is correct and complete.

x

Signature of Applicant

Please Print: Given (First Name) Family or Surname (Last)

Date (Month, Day, Year)

If the bank section is not completed and signed, a separate bank letter stating the availability of sponsor funds in U.S. dollars (equal to or greater than costs listed here), written in English, is acceptable. It should bear a current date, original inked signature and stamp or seal. No photocopies or facsimiles are acceptable. A letter from the sponsor verifying that such funds will be used for educational expenses must also be submitted. Please place bank seal or stamp here: