

**Instructions:**

Under U.S. federal law, AOMA must obtain certain information, including evidence of adequate financial resources, before issuing a Form I-20. Please print and complete this form and return it with the requested documentation. Keep copies of all financial documents submitted, as you will need to present them to the U.S. consulate/embassy when obtaining a visa and possibly to U.S. immigration inspectors upon arrival to the U.S.

<b>Student Information</b>			
<b>Name</b> (as listed on passport)			
Family:	First:	Middle:	
Date of birth (month/day/year):		Place of birth (city/country):	
Country of Citizenship:		Country of Legal Permanent Residence:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Coming to U.S. <input type="checkbox"/> Alone <input type="checkbox"/> With Children <input type="checkbox"/> With Spouse	
<b>Degree Information</b>			
<input type="checkbox"/> Master of Acupuncture & Oriental Medicine (MAcOM)			
<input type="checkbox"/> Doctor of Acupuncture & Oriental Medicine: First Professional (DAcOM)			
<input type="checkbox"/> Doctor of Acupuncture & Oriental Medicine: Clinical Specialty (DAOM)			
Beginning Studies: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall			Year:
<b>Immigration Information</b>			
If you are currently in the U.S., what type of visa do you have?			Date Issued:
Have you been enrolled previously in an educational institution in the U.S.?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
Institution:		Degree:	
Date Entered U.S.:	Still in U.S.? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Date Departed:	
If still in U.S. and on an F-1 visa, are you currently engaging in OPT (Optional Practical Training)? <input type="checkbox"/> Yes / <input type="checkbox"/> No			
<b>Address Information</b>			
<b>Foreign Address</b> (This is your physical permanent address)			
Street Address:			Apartment/ Unit #: _____
City:	State/Province:		
Country:	Postal Code:		
<b>Mailing Address</b> (If different from above, provide the address where you would like to receive immigration documents)			
Street Address:			Apartment/ Unit #: _____
City:	State/Province:		
Country:	Postal Code:		

**Cost of Attendance:**

International students are required to demonstrate financial resources sufficient to cover the cost of attendance and living expenses for the first 12 months of study at AOMA. The estimated cost of tuition listed below is based on average full-time enrollment and may be subject to change. Although proof of funding is required for only the first year, you are expected to fund your studies for the duration of the degree program.

<b>Master of Acupuncture &amp; Oriental Medicine</b>		<b>Doctor of Acupuncture &amp; Oriental Medicine (DAOM)</b>	
A. Tuition & Fees	\$17,645 USD	A. Tuition & Fees	\$17,645USD
B. Books & Supplies	\$1,700 USD	B. Books & Supplies	\$2,400 USD
C. Living Expenses	\$26,112 USD	C. Living Expenses	\$26,112 USD
<b>One Year Program Cost</b>	<b>\$45,229 USD</b>	<b>One Year Program Cost</b>	<b>\$47,851 USD</b>
<b>Dependents:</b> (add following amount for <u>each</u> dependent)		<b>Dependents:</b> (add following amount for <u>each</u> dependent)	
D. Spouse	\$8,250 USD	D. Spouse	\$8,250 USD
E. Per Child	\$3,500 USD	E. Per Child	\$3,500 USD
<b>Calculate Your Cost of Attendance</b>		<b>Calculate Your Cost of Attendance</b>	
One Year Program Cost	\$45,229 USD	One Year Program Cost	\$47,851 USD
Dependent Costs		Dependent Costs	
<b>Total Cost</b>		<b>Total Cost</b>	
<b>Doctor of Acupuncture &amp; Oriental Medicine (DAOM)</b>			
A. Tuition & Fees	\$17,174 USD		
B. Books & Supplies	\$2,800 USD		
C. Living Expenses	\$26,112 USD		
<b>One Year Program Cost</b>	<b>\$45,903 USD</b>		
<b>Dependents:</b> (add following amount for <u>each</u> dependent)			
D. Spouse	\$8,250 USD		
E. Per Child	\$3,500 USD		
<b>Calculate Your Cost of Attendance</b>			
One Year Program Cost	\$45,903 USD		
Dependent Costs			
<b>Total Cost</b>			

<b>Sources of Funding</b>		
<b>Type of Funding</b>	<b>Documents Required</b>	<b>Funding Amount</b>
Personal Savings / Funds	Attach official bank statement(s)	\$
Family Savings / Funds	Attach official bank statement(s) <b>and</b> signed letter of support from sponsor that <b>includes</b> their relationship to you (e.g. parent, brother, uncle, etc.)	\$
Personal Sponsor	Attach official bank statement(s) <b>and</b> signed letter of support from sponsor that <b>includes</b> the sponsor's relationship to you (e.g. family friend, employer, etc.)	\$
Other Sponsor: _____ _____	Please specify source <b>and</b> attach proof of support.	\$
<b>► Total Funding:</b>		\$
<i>Must equal or exceed the cost of attendance calculated above.</i>		

**Important Notes:**

Bank statements may not be more than 6 months old. If your sponsor is a salaried employee, a copy of income tax documents may be attached in addition to official bank statement(s). AOMA reserves the right to request additional documentation as needed.

I certify that the above information provided on this form is correct and complete. I understand this information is being used to prepare an immigration document. If any of the information changes prior to my enrollment, I will immediately notify the AOMA Admissions Office immediately. I understand that making false or fraudulent statements within this *Certification of Financial Responsibility* may result in disciplinary action. (Digital signature is not accepted.)

► **Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dependent Information**

Please complete the section below for each of your dependents that will be accompanying you to the U.S. and submit proof of relationship in English (e.g. marriage certificate for a spouse or birth certificate for a child).

**Dependent #1**

**Relationship:**  Spouse  Child **Gender:**  Male  Female

**Name** (as listed on passport)

Family: First: Middle:

Date of birth (month/day/year): Place of birth (city/country):

Country of Citizenship: Country of Legal Permanent Residence:

**Dependent #2**

**Relationship:**  Spouse  Child **Gender:**  Male  Female

**Name** (as listed on passport)

Family: First: Middle:

Date of birth (month/day/year): Place of birth (city/country):

Country of Citizenship: Country of Legal Permanent Residence:

**Dependent #3**

**Relationship:**  Spouse  Child **Gender:**  Male  Female

**Name** (as listed on passport)

Family: First: Middle:

Date of birth (month/day/year): Place of birth (city/country):

Country of Citizenship: Country of Legal Permanent Residence:

**Dependent #4**

**Relationship:**  Spouse  Child **Gender:**  Male  Female

**Name** (as listed on passport)

Family: First: Middle:

Date of birth (month/day/year): Place of birth (city/country):

Country of Citizenship: Country of Legal Permanent Residence: