

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.

Student Information			
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:	
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	
Degree Information			
<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:
Immigration Information			
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			
Address Information			
Foreign Address (This is your physical permanent address)			
Street Address:		Apartment/ Unit #: _____	
City:	State/Province:		
Country:	Postal Code:		
Mailing Address (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.

Master of Acupuncture & Oriental Medicine Program		Doctor of Acupuncture & Oriental Medicine Program	
A. Tuition & Fees	\$17,417 USD	A. Tuition & Fees	\$19,514 USD
B. Books & Supplies	\$1,700 USD	B. Books & Supplies	\$2,400 USD
C. Living Expenses	\$26,112 USD	C. Living Expenses	\$26,112 USD
One Year Program Cost	\$45,229 USD	One Year Program Cost	\$48,026 USD
Dependents: (add following amount for <i>each</i> dependent)		Dependents: (add following amount for <i>each</i> dependent)	
D. Spouse	\$8,250 USD	D. Spouse	\$8,250 USD
E. Per Child	\$3,500 USD	E. Per Child	\$3,500 USD
Calculate Your Cost of Attendance		Calculate Your Cost of Attendance	
One Year Program Cost	\$45,229 USD	One Year Program Cost	\$48,026 USD
Dependent Costs		Dependent Costs	
Total Cost		Total Cost	

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