

PART 3: Statement of Financial Support

The following is an **ESTIMATED** cost for one year of study based on the current year tuition rates for the fall and spring semesters. Please keep in mind that this is an estimate, and cost may vary depending on the number of semester hours taken within any particular semester. This list provides basic information and is not a complete list of fees. For the full tuition and fee schedule, visit **hofstra.edu/tuition**. Tuition and fees are subject to change at any time. Individual student costs may vary, depending upon the housing option and dining plan selected.

Tuition and Fees for New Students Entering Fall 2011

Full-time Undergraduate Tuition and Fees:	\$34,150 per year
Housing:	\$10,200 per year (high-rise double room; includes unlimited laundry access)
Meals:	\$ 3,500 per year (level C plan; visit hofstra.edu/dining for all available dining plans)
Health Insurance:	\$ 654
Total Cost for One Year:	\$48,504

Please Note:

All costs listed above are for one academic year. The health insurance fee (\$654) may be waived with proof of current insurance coverage (must be submitted to Hofstra Health and Wellness Center). Estimated expenses do not include the cost of transportation to or from Hofstra as well as personal expenses.

You are required to provide proof of financial support in liquid funds for the first year only. However, you must demonstrate the ability to pay all the expenses for the entire length of your program. Copies of all official financial documents must be in English. Please note that since you will hold a student visa, you cannot rely on employment to help you pay university and personal expenses.

Please indicate below how you will support yourself for the first year of your program:

Source of Support: (Required proof)	Annual Amount in U.S. Dollars:
Personal Savings (Official bank statement)	\$ _____
Hofstra Scholarship (Official award letter)	\$ _____
Cash funds from a sponsor (Signed affidavit and official bank statement)	\$ _____
Cash funds from a second sponsor (Signed affidavit and bank statement)	\$ _____
Cash funds from a third sponsor (Signed affidavit and bank statement)	\$ _____
Potential funds from a sponsor (Official income letter from employer)	\$ _____
Total Financial Support	\$ _____

Certification and Signature (Please read and sign the following statement.)

I hereby certify that all the information on this application form is true and accurate and that the stated funds are available for my educational expenses at Hofstra University. I understand that if I provide false information in this document, Hofstra University will invalidate this I-20, and that I will also be in violation of Hofstra University's *Code of Student Conduct*, which can result in suspension or expulsion from Hofstra University.

Student Signature _____ Date _____
Month Day Year



PART 4: Sponsor’s Affidavit of Support

I hereby certify that I am willing, able, and do promise to provide the amount of US \$ _____
per year for the educational expenses of [Name of Student] _____,
who is my [Relationship to Sponsor] _____, at Hofstra University.

Bank statements or other proof of my financial resources accompany this affidavit of support.

Sponsor Signature _____

Sponsor Name (Please print.) _____ Date _____
Month Day Year

Sponsor Address _____

PART 5: Mailing Address for Your I-20

Please note: Your I-20 cannot be mailed to a post office box. Please provide a physical address.

Student Name _____

Street Name (Do not provide a post office box.) _____

City _____ State/Province _____

Country _____ Postal Code (required if used) _____

Telephone Number _____