Yale school of nursing

Office of Financial Aid

FINANCIAL CERTIFICATION FORM FOR INTERNATIONAL STUDENTS ADMITTED FOR FALL 2023

Last/Family Name:	First Name:	Date of Birth: (mm/dd	City of Birth:
•	e School of Nursing, you must submit documer	•	

- academic program at Yale University (e.g. two-year program = estimated expenses for academic year 2022-2023 x 2).
- Fully complete the section below "Sources and Amount of Financial Support for Duration of Academic Program" to demonstrate your funding source(s) for each year of your academic program.
- If you plan to bring dependents with you to the U.S. you must submit proof of an additional funding. See the table below "Estimated Expenses for the Academic Year 2022-2023" (Remember dependents in F-2 status cannot work in the U.S.)
- In order to assure that you will have sufficient time to receive your I-20 and apply for your visa, please submit your financial documents by no later than March 31, 2022.

Acceptable Forms of Financial Certification

The following forms of financial certification are acceptable:

- A bank statement you or your sponsor's name (sponsor may be family member or friend). The statement must be issued within the last three (3) months and include the current balance which shows more than the required amount.
- If the bank statement has any name other than yours (the student), the sponsor must provide a letter of support.
- A photocopy of a scholarship letter in your name for study at Yale University.

ESTIMATED EXPENSES FOR THE ACADEMIC YEAR 2022-2023

Estimated Expenses	Single Student	Additional expenses with Spouse	Child(dren)
Tuition & Fees	\$53,598	\$53 <i>,</i> 598	
Living Expenses	\$26,950	\$40,832	First child \$28,3030
Required Health Insurance	\$2,756	\$15,902*	*\$15,902(family)
TOTAL	\$83,304	\$110.332	

SOURCES AND AMOUNTS OF FINANCIAL SUPPORT FOR DURATION OF ACADEMIC PROGRAM SEE CHART ABOVE FOR TOTAL OF FUNDS REQUIRED

If your program length is for multiple years, you must indicate the anticipated source of funding for each year.

Sources of Funding	Year #1 Amount	Year #2 Amount	Year #3 Amount	Year #4 Amount
1.				
2.				
3.				
4.				
TOTAL (equal to estimated expense total above)				

3.					
4.					
TOTAL (equal to estimated expense total above)					
Immigration Document Mailing Address Please provide the best mailing address for your imm	igration document.				
Address Line 1:					
Address Line 2:					
City:	Zip Code:		Country:		
I certify that I have truthfully stated the financial arrangements to support my studies at Yale University.					
Signature:			Date	2:	