



COMPLETE & RETURN ALL DOCUMENTS TO:  
**OFFICE OF GRADUATE ADMISSIONS**  
 Stevens Institute of Technology  
 Castle Point on Hudson  
 Hoboken, NJ 07030  
 Phone: 800.496.4935, FAX: 201.216.8044  
 E-mail: [gradadmissions@stevens.edu](mailto:gradadmissions@stevens.edu)  
<http://www.stevens.edu/gradadmissions>

## 2009-2010 Academic Year Graduate Financial Verification Form

Student's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Expected Area of Study \_\_\_\_\_  
 Major \_\_\_\_\_ E-mail \_\_\_\_\_  
 U.S. Social Security Number or Stevens Student Identification Number (if available) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Current Status \_\_\_\_\_ Requested Status \_\_\_\_\_  
 Have you attended any other U.S. Institution \_\_\_\_\_

**Students who currently hold or expect to obtain a student visa (F-1), must provide proof of financial support in order for Stevens Institute of Technology to issue requested immigration documents.**

**The amounts shown below are the approximate costs for one academic year (i.e., 2 semesters) and are subject to change without notice.**

Indicate below the amount (in U.S. dollars) and source of financial support for your study at Stevens:

	Estimated 2009-2010 Expenses	Amount Available	Source (Sponsor)
Tuition & Fees *	\$20,802		
Room & Meal Plan **	\$12,212		
Books & Supplies ***	\$1106		
Health Insurance ****	\$880		
<b>TOTAL</b>	<b>\$35,000</b>		

- \* Tuition and fees are based on 18 credits at \$1100 per credit. The above tuition and fees are subject to change.
- \*\* Based upon double occupancy and 10 meals per week dining plan for two semesters (9 months). This amount DOES NOT include the costs for the summer and winter break.
- \*\*\* Includes book, manuals and most computer account fees.
- \*\*\*\* There will be an additional cost to add dependents or for J-1 visa students and scholars. Health Insurance fees are subject to negotiations with the insurance provider.

### Additional Costs

- Summer session is 16 weeks. If you decide to take additional courses in the summer, it will cost you an estimated \$1100 per credit and approximately \$3114 per session for double occupancy on campus. Meal plans during the summer are not available.

Please check below the documents that are included with this form: *(Must be an original notarized document; electronic version will not be accepted)*

- Bank statement regarding student's funds (in U.S. dollars) and/or
- Documentation from sponsoring agency and/or
- Other documentation: (specify) \_\_\_\_\_

(OVER)

### THIS PART SHOULD BE COMPLETED BY THE STUDENT

Will you receive room and board from a relative of friend who is not your sponsor?  Yes or  No

If Yes, please indicate the name, address and telephone number of that individual:

Relative's/Friend's Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_

In an emergency, whom should we contact in the United States?

Contact's Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_

If you are planning to come to the United States with dependents, please fill in the information below for each dependent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Birth (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Country; Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Birth (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Country; Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Birth (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Country; Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

I understand that the entire tuition for each semester is due within 10 business days after the start of classes. I understand that financial aid is not available. I certify that the information contained herein is true to the best of my knowledge.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**THIS PART SHOULD BE COMPLETED BY THE SPONSOR**

Sponsor's Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_

I hereby certify that the above information is accurate and I am willing and able to provide

(Student's Name) \_\_\_\_\_ with the minimum of US Dollars \$ \_\_\_\_\_ per year during the student's period of study at Stevens Institute of Technology. I have attached a **certified statement from my bank** and (where applicable) other certified evidence of my ability to sponsor the student.

TO BE SIGNED BY THE SPONSOR IN THE PRESENCE OF A NOTARY PUBLIC, EQUIVALENT FOREIGN OFFICIAL OR A U.S. CONSULAR OFFICER.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OFFICER

\_\_\_\_\_  
SIGNATURE OF SPONSOR

\_\_\_\_\_  
TITLE AND SEAL OF OFFICER