



Graduate Admission Academic Year 2025-2026

Certification of Financial Responsibility Form

Part I: Student Information

Name: _____
Last First M.I.

Mailing Address: _____
Number and Street City Postal code Country

Date of Birth (month / day / year) _____ Phone Number (if in U.S.) _____ E-mail _____

City and Country of Birth _____ Country of Citizenship _____

If you are in the U.S. what is your visa type? (F-1, J-1, etc.) _____ I-20 Expiration Date _____

If F-1, please indicate your immigration admission number (on the Form I-20) _____

Part II: Estimated Cost for the 2025-2026 Academic Year

Graduate

Tuition*	\$ 26,820
Technology Fee	\$100
Parking	\$150
Estimated Living Expenses **	\$ 11,500
Miscellaneous***	\$2,500
Total	\$41,070

These estimates are subject to change based on your living arrangements, travel, etc.

*Graduate tuition and fees are based on 36 credit hours for the academic year (3 semesters).

Students will register for 12 hours each semester.

**Students may live on or off campus and need to show that they have the funds to do so.

This number is an estimate and could be higher or lower.

***Miscellaneous costs include travel, insurance, books, and supplies lab, etc.

Tuition & Fees: www.walsh.afford.com

Part III: Source of Funding

Please indicate your source(s) of funding for the duration of your program at Walsh University and include the required documentation. You must have a minimum of \$41,070 available for graduate study per year. All amounts must be in U.S. dollars. **Proof must be in liquid assets, i.e. checking, savings.** Documentation must be no more than 6 months old.

*Walsh reserves the right to refuse to consider any financial documentation that does not meet DHS requirements.

Amount Available:

Personal Account \$ _____ Official Bank

Sponsor \$ _____ Sponsors Official Bank Statement

Scholarship \$ _____ Official Letter from Awarding Institution

Other \$ _____ Please specify and add Original Document

Total \$ _____

Sponsor Statement

I certify that the above information is correct, and that funding in the amount of \$ _____ (minimum **\$41,070** for graduate study) will be available for the duration of the academic program (three semesters). I have enclosed a bank or other financial institution verification demonstrating availability of funds.

Name of Sponsor (please print) _____ Relationship to Applicant _____

Sponsor's Signature _____ Date _____

Applicant Statement

This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statements by my sponsor(s) or me can result in a denial or cancellation of admission.

Applicant's Signature _____

Date _____

E-mail Address _____