



DPT Admission Academic Year 2021-2022 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-94 Expiration Date _____

If F-1, please indicate your immigration admission number (on the Form I-94) _____

Part II: Estimated Cost for the 2021-2022 Academic Year

These figures are estimated costs for 12 months and are subject to increase without notice.

Undergraduate

Tuition and Academic Fees*	\$ 31,860
Estimated Living Expenses**	\$ 6,000
Miscellaneous***	\$ 2,500
Total	\$40,360

*Doctorate tuition and fees are based on 31 credit hours for the academic year (2 semesters). Students must register for a minimum of 12 hours each semester.
 **Students living off campus need to show that they have the funds to live off campus. This number is an estimate and could be higher or lower.
 ***Miscellaneous costs include travel, insurance, books, supplies lab, parking, and activity fees, etc.

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 \$40,360 available for undergraduate 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 each year of study:

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 \$40,360 for doctorate study) will be available the first year and for each subsequent year of study for the duration of the academic program. **I understand that I will be required to provide support for a minimum of 3 years for the doctorate degree.** I have enclosed bank or other financial institution verification demonstrating availability of funds for the first year.

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 _____