75% TUITION PAYING-FINANCIAL STATEMENT FORM:
INTERNATIONAL GRADUATE EXCHANGE STUDENT APPLICATION
Required for DS-2019 Processing

International exchange students pay tuition and fees to their home institution. Northeastern Illinois University (Northeastern) will provide tuition and fee waivers for the exchange students. The following figures indicate the minimum amount needed for your study and living expenses in the Chicago area: (These figures are subject to increase without notice.)

Description	5 months	10 months
Mandatory Fees/Health Insurance-*Estimated*	$1000.00	$2000.00
Books and Supplies-*Estimated*	$300.00	$600.00
Living Expenses (including housing, food, etc.)-*Estimated*	$6,000.00	$12,000.00
Transportation expenses - *Estimated*	$200.00	$400.00
Estimated Total (in USD):	**$ 7,500.00**	**$ 15,000.00**
Tuition: *UPass fee is not waive able. The amount is included to the transportation cost. Students registered in courses through the College of Business and Management will be charged a differential tuition rate on those courses.*	**$6,059.00**	**$12,118.00**
Total Tuition & Estimated Expenses:	**$13,559.00**	**$27,118.00**

You must provide **financial guarantee** for the total estimated cost of the program in which you plan to participate. This is done in the form of **official bank letter(s)**. You may have more than one financial sponsor. The financial sponsor can be your family, friend, and/or yourself. If there is more than one sponsor, each sponsor needs to submit a bank letter. Each bank letter needs to state the account name and the account balance. The total of all bank letters of the financial guarantors must equal the estimated amount indicated above.

You and your sponsor(s) must: 1) complete the section below; and 2) attach bank letter(s) showing that funds are available for the total estimated costs, as indicated above, for the program in which you plan to participate.
The Bank Letter must be presented in English or in mother language with Official Translation into English and the amount MUST be stated in U.S. dollars.
*** Please, refer to Form titled Health Insurance Information for more about Medical Insurance**

Sponsor 1 Name:			
Relationship to Student:			
Sponsor Address:			
Sponsor Phone Number			
Sponsor Signature & Date:		Date:	
Government Agency/Scholarship Award:			
Amount Awarded:			
Duration of the Award:			

Applicant's Certification

I certify that the financial information furnished is a complete and accurate statement of resources available for study in the United States. I understand that submission of inaccurate information can be considered sufficient cause for terminating my enrollment and revoking my J-1 status at Northeastern.

Student Name: _____
(Surname/Last Name) (Given Name/First Name)

I am Applying for:

5 Month Exchange Program	10 Month Exchange Program.
☐: Fall 20____ Semester	☐ Fall 20___ & Spring 20____
☐: Spring 20_____ Semester	☐ Spring 20___ & Fall 20____

Student's Signature: _____ Date: _____