Form I–20 cannot be issued until you have been admitted to East Carolina University, have satisfactorily completed this form and have returned it to the Office of Global Affairs with evidence of financial resources.

Please email all the required materials to international@ecu.edu or mail to:

Office of Global Affairs
International House
306 East 9th Street
Mail Stop 598
East Carolina University
Greenville, NC 27858 – 4353 USA

Your financial support can come from any combination of the following sources in the United States or Abroad. The submitted documents must prove the availability of liquid funds. They must be less than six months old and in English.

1. PERSONAL FUNDS (your own savings)
   a. Bank statement in your name.

   OR

   b. Bank letter on official bank letterhead stating the current balance, when the account was opened, and the average balance.

2. SPONSORS (parents, relatives, friends who will provide you with support in the form of cash)
   a. Affidavit of Support (this form may be photocopied for each sponsor) and bank statement in the name of the sponsor.

   OR

   b. Affidavit of Support (this form may be photocopied for each sponsor) and bank letter on official bank letterhead stating the current balance, when the account was opened and the average balance.

3. SPONSORS OF ROOM AND BOARD (parents or relatives who will provide you with support in the form of room and board for which you do not have to pay)
   a. Affidavit of Support for Room and Board by a local provider.

   OR

   b. Photocopy of lease, deed, or rent receipts.

4. UNIVERSITY FUNDS
   a. Original award letter or contract stating the exact amount that you will be receiving, what it will cover, and for how long.

5. FINANCIAL SUPPORT FROM GOVERNMENT AGENCY OR ORGANIZATION
   a. The original award letter stating the exact amount that you will be receiving, what it will cover, and for how long.
We advise you to obtain an additional set of financial documents since they will be required by the United States Consular Office during your visa application process.

Tuition and fee charges are based on proposed rates and are subject to change by the Board of Trustees and the North Carolina State Legislature.

Expenses for attending East Carolina University for the nine-month period academic year are indicated below. Tuition and fees are payable on registration day at the beginning of each semester.

2017-2018 ACADEMIC YEAR EXPENSES

This is the total minimum amount you must show proof of. The amount is based on ECU’s estimated cost of attendance for one academic year.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$23,420</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$9,369</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$1,306</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$2,859</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$36,954</strong></td>
</tr>
</tbody>
</table>

(This is the minimum amount you must prove)

Please note that all students are required to have health insurance. The charge will be added to your account automatically unless you have your own that meets ECU’s requirements.

PLUS

DEPENDENT COSTS

If you will be accompanied by a spouse, please add $5,000 and/or $2,000 for each child.
CONFIDENTIAL FINANCIAL INFORMATION FORM

PLEASE PRINT YOUR FULL NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT.

Name: __________________________  __________________________
Family Name  First/Given Name  Middle Name

Date of Birth: _________________  Month / Day / Year

Country of Birth: __________________________  City of Birth: __________________________

Country of Citizenship: __________________________  Male  Female  Single  Married

If a spouse or children will be coming with you, please provide the information about each dependent you plan to bring:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship (Spouse / Child)</th>
<th>Gender (M / F)</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>City of Birth</th>
<th>Country of Citizenship</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Permanent Address (in your home country):

Address: ____________________________________________

City: __________________________  Province/State: __________________________

Postal Code: __________________________  Country: __________________________

Phone: __________________________  E-Mail: __________________________

Current Address (in the United States, if any):

Address: ____________________________________________

City: __________________________  Province/State: __________________________

Postal Code: __________________________  Country: __________________________

Phone: __________________________  E-Mail: __________________________

Can you pay your round-trip travel to the United States?  □ Yes  □ No

Do you plan to attend summer school?  □ Yes  □ No

Do you plan to live in Campus Housing?  □ Yes  □ No
SPECIFY THE AMOUNT IN U.S. DOLLARS THAT WILL BE AVAILABLE TO YOU FOR YOUR EDUCATION EACH YEAR OF YOUR ENROLLMENT:

Personal Funds $____________________
Financial Support from a Sponsor $____________________
Financial Support from a Second Sponsor $____________________
Financial Support from a Third Sponsor $____________________
Room and Board Provided by a Sponsor $____________________
Financial Support from Government Agency or Organization $____________________
Funds from East Carolina University $____________________

TOTAL AMOUNT OF AVAILABLE FUNDS $____________________

By signing this form, I certify that the information above is complete and correct.

Signature of Applicant ___________________________________________ Date ____________________

HOW WOULD YOU LIKE TO GET YOUR I – 20?

☐ MAIL

Your I – 20 Form will be mailed to the name and address you indicate in the address box below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Numbers/Street</th>
<th>City</th>
<th>State/Province</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Mail</td>
<td>Telephone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOLD FOR PICK UP BY

<table>
<thead>
<tr>
<th>Family Name (Surname)</th>
<th>First (Given)</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Mail</td>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>
AFFIDAVIT OF SUPPORT

(THIS MUST BE FILLED OUT BY THE SPONSOR (FOR EXAMPLE PARENTS OR GUARDIANS)

I hereby certify that I am able, willing, and do promise to provide ____________________________,

Name of the Student

Who is my ____________________________ with the minimum amount of $ _______________________,

Relationship to the Student

Payable in U.S. dollars for tuition, fees, and all other expenses during his/her studies at East Carolina University.

I have attached the evidence of my financial ability in the form of a bank statement or bank letter.

Name of the Sponsor (please print): ______________________________________________________

Signature: __________________________________________________ Date: ______________________
AFFIDAVIT OF SUPPORT FOR ROOM AND BOARD BY A LOCAL PROVIDER

TO BE COMPLETED ONLY IF THE STUDENT IS LIVING OFF CAMPUS AND SUPPORTER BY A LOCAL SPONSOR.
THE PERSON WHO OWNS OR RENTS THE PROPERTY WILL NEED TO SIGN THIS FORM.

I hereby affirm that I own, rent, or lease the property described below and that I will make it available free of charge to

___________________________________________________________ for the duration of his/her studies at East Carolina

Name of Student

University. I have attached a photocopy of a lease, deed, or rent receipts in my name.

My relationship to the student is: _________________________________________________________________________________

Parent, Spouse, Brother, Sister, Friend, ETC.

Address of the residence offered to the student:

____________________________________________________________________________________________________________

How many rooms are in the house or apartment? _____________________________________

How much space will be reserved for the exclusive use of the student? ____________________________________________________

I  [ ] own  [ ] rent this property. I reside at this property.  [ ] Yes  [ ] No

I will not require any type of service to be provided in exchange for this benefit.

This declaration represents an equivalent of $9,396 in cash toward the support of the student.

Name of the Sponsor (please print): ______________________________________________________________

Signature: ___________________________________________  Date: _________________________________