



## Atlantic Institute of Oriental Medicine

100 East Broward Boulevard, Suite 100  
Fort Lauderdale, FL 33301

Tel: (954) 763-9840 Toll Free: (866) 807-7087 Fax: (954) 763-9844  
Email: Atom@Atom.Edu Website: www.Atom.Edu

### Financial Affidavit of Support for International Students Master's

All international applicants requiring the I-20 Certificate of Eligibility Form must complete this financial affidavit. You are required to certify that you will have adequate financial support for one academic year of study at the Atlantic Institute of Oriental Medicine. A Certificate of Eligibility (I-20) will not be issued until this form is completed and an original bank letter and statement is submitted from you or your sponsor(s) and returned to the admissions office at the above address.

This affidavit must be notarized by all individuals submitting financial documentation.

EXPENSES	U.S. DOLLARS	SOURCE OF SUPPORT (SELF OR SPONSOR)
TUITION (12 MONTHS)	\$18,000	
BOOKS, SUPPLIES, MISC FEES	\$2,000	
HOUSING, FOOD & TRANSPORTATION	\$30,000	
<b>TOTAL</b>	<b>\$50,000</b>	
DEPENDENT	\$5,000	
<b>TOTAL WITH DEPENDENT</b>	<b>\$55,000</b>	

#### DEPENDENT INFORMATION

<input type="checkbox"/> NO DEPENDENT		<input type="checkbox"/> MY DEPENDENTS ARE LISTED BELOW		
FULL NAME OF DEPENDENT	RELATIONSHIP TO YOU	DATE OF BIRTH (MONTH/DAY/YEAR)	CITY AND COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP

#### REQUIREMENTS FOR DOCUMENTATION OF FUNDS

- Official and original dated bank statement(s) showing current balance and official letter from bank stating that funds are available, including the amount available, and that the funds "may be withdrawn at any time without penalty" must be provided.
- All accounts must be easily accessible and liquid assets.
- All documents must be in English. Otherwise, an official English translation must accompany the original.
- All supporting documentation must be dated within three months of I-20 processing.
- Sponsor's financial documentation must include the exact dollar amount of support (in US dollars) and dates of sponsorship.

**Affidavit of Self-Support****To be completed by applicant.**

I certify that I have \$\_\_\_\_\_ U.S. dollars available to me for the above expenses of master's study at the master's study at the Atlantic Institute of Oriental Medicine.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/ Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Notarization	
State of _____	County of _____
Before me, a Notary Public, _____ personally known to me <input type="checkbox"/> , or documentation provided being duly sworn affirms that he/she will represent this institution in good faith and in compliance with the laws of the State of Florida, and authorizes the Commission to receive criminal justice information, as defined in Section 943.045, Florida Statutes, regardless of the jurisdiction in which such information originated, pursuant to Section 1005.22(1)(H), Florida Statutes, and affirms that the statements contained herein are true and correct.	
Applicant Signature: _____	
Subscribed and sworn to before me this _____ day of _____, 20_____	
Notary Public: _____	My Commission Expires: _____ (SEAL)

**Sponsor Affidavit of Support****To be completed by sponsor.**

I certify that I am willing and able to sponsor \_\_\_\_\_ (student's name) with the amount of \$\_\_\_\_\_ U.S. dollars. The attached official bank letter and statement indicate funds available to me for the above expenses of study at the Atlantic Institute of Oriental Medicine.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Sponsor's citizenship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/ Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Notarization	
State of _____	County of _____
Before me, a Notary Public, _____ personally known to me <input type="checkbox"/> , or documentation provided being duly sworn affirms that he/she will represent this institution in good faith and in compliance with the laws of the State of Florida, and authorizes the Commission to receive criminal justice information, as defined in Section 943.045, Florida Statutes, regardless of the jurisdiction in which such information originated, pursuant to Section 1005.22(1)(H), Florida Statutes, and affirms that the statements contained herein are true and correct.	
Applicant Signature: _____	
Subscribed and sworn to before me this _____ day of _____, 20_____	
Notary Public: _____	My Commission Expires: _____ (SEAL)