

(Please print clearly)

STUDENT'S NAME

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Family/Last	Given/First	Middle
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**All international students who will require an I-20 for F-1 or DS-2019 for J-1 visas must complete all sections below.**

The University requires documentation certifying the validity of the financial resources listed on this sheet prior to the issuance of an I-20 or DS-2019. Students must show proof of financial ability to cover all expenses. Please see the estimated cost below.

All documentation must be dated within six months of the date the I-20 is issued. Students may also combine sources or have more than one sponsor.

**I. ESTIMATED COST -- ACADEMIC YEAR (AUGUST – MAY)**

The estimated annual cost for the 2018/19 academic year is as follows:

**Undergraduate (Bachelor's)**

Tuition (12-16 credits) and Fees.....\$35,860  
 Room and Board.....\$11,008  
 Books (estimated).....\$1,400

**Total:       \$48,268**

**Graduate (Master's)**

Tuition (6 credits) and Fees.....\$18,664\*\*  
 Room and Board.....\$11,394  
 Books (estimated).....\$1,400

**Total:       \$31,458**

NOTE:

- ❖ **Fees do not include mandatory health insurance.** All registered students must have health insurance. The cost for health insurance is \$1273 per year. If you have comparable insurance, you may request a waiver.
- ❖ Flight Students require additional funds:  
**Fixed-wing Flight students** must add an additional **\$18,500 USD** minimum per year for estimated flight costs. **Rotary (Helicopter) students** must add an additional **\$32,500 USD** minimum per year for estimated flight costs. Please take into consideration that prices will vary per students since no two students learn at the same rate.

\*\* Taking more than 6 credits will result in higher total cost. Per credit rate is \$1433.

The above example is for planning purposes only. Official bills for tuition and fees will be presented after registration. Some courses require additional fees. The University reserves the right to change any of the above expenses without prior notification.

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**II. ESTIMATED COST – English Language Program (ERLI) ACADEMIC YEAR (AUGUST – MAY)**

The estimated annual cost for the 2018/19 academic year is as follows:

Tuition and Fees (5 classes).....\$13,768	Books (estimated).....\$500
Room and Board.....\$11,008	<b>Total.....\$25,276</b>

**Fees do not include mandatory health insurance.** All registered students must have health insurance. The cost for health insurance is \$1273 per year. If you have comparable insurance, you may request a waiver.

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**III. DEPENDENT COST (Wife or Husband and Children)**

The amount below indicates annual funds necessary to support each dependent:

Each adult dependent..... \$4,000                      Each child dependent        .....\$4,000

**Please attach a copy of each dependent’s passport or government I.D.**

<b>Dependent Name (Surname, First Name)</b>	<b>Country of Birth</b>	<b>Country of Citizenship</b>	<b>Relationship</b>

**IV. SPECIFIC SOURCES AND AMOUNTS**

Please list below the specific sources and amounts of support (attaching the previously requested supporting documentation such as sponsor and/or bank letters and bank statements). The amounts must reflect funding for the first year of study. This evidence should consist of:

<b>Type of Funding</b>	<b>Source</b>	<b>Amount (USD)</b>
Personal Savings		
Family		
Government Grant		
Scholarship		
Loan Verification Letter		
Other Means (Describe Fully)		
<b>TOTAL:</b>		

*In signing my name to this affidavit, I swear that the information provided is an accurate statement of my plans to finance my studies.*

Student Name (Please Print): \_\_\_\_\_

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

**V. PARENT/SPONSOR CERTIFICATION (PLEASE PRINT CLEARLY):**

*This will certify that I, \_\_\_\_\_ will sponsor the above named student for the period of \_\_\_\_\_ to \_\_\_\_\_ while he/she is enrolled at Embry-Riddle. My relationship to the student is (relative, friend, etc)*

*\_\_\_\_\_. This affidavit relieves the officials of Embry-Riddle Aeronautical University of any and all responsibilities for the financial well-being of the student.*

Sponsor's Name (PLEASE PRINT): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Affix Official Seal or Notary Stamp Above**

**NOTE: This notarized document must be received by mail. Facsimile (fax) copies will not be accepted.**

**Send to:**

**International Admissions  
Embry-Riddle Aeronautical University  
3700 Willow Creek Road  
Prescott, Arizona 86301**