Certification of Financial Responsibility

Undergraduate Students
International Student Services Office

All international applicants requesting an I-20 and F1 student status must provide evidence of sufficient financial resources to cover the costs of attendance for one academic year at St. Bonaventure University.

Undergraduate Students: Estimated Costs of Attendance (2024-25)

Tuition and fees:	$ 45,085	(includes mandatory student health insurance fee)
Living Expenses:	$ 15,300	(estimate for room and meal plan)
Indirect Costs	$ 2,700	(estimate for books, supplies, and personal expenses)
Total:	**$ 63,085**	

St. Bonaventure University reserves the right to alter the above fees without notice. Please note the

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International Student Services Office
St. Bonaventure University

Type your information on this form, then print a copy and gather the required signatures. Scan the completed form and return it, along with copies of your evidence of financial resources, to the International Student Services Office: isso@sbu.edu

Student Name

Family / Surname | First/Given Name | Middle Name

Permanent Home Address (home country)

Number and Street

Town or City | Province or State

Postal Code | Country

Current Mailing Address (where we can mail your I-20, if different from above)

Number and Street

Town or City | Province or State

Postal Code | Country

Student Information

Telephone Number (cell) | Telephone Number (home)

Email | Date of Birth (month day, year i.e. May 12, 2002)

Gender | Country of Citizenship

Country of Birth | Town or City of Birth

Family Member & Sponsor Certifications

Each family member or sponsor who will provide funding must sign below. Print additional pages if needed.

Family member / sponsor 1: My signature certifies that I will provide financial support in the amount indicated below for the purpose of the applicant's full-time study at St. Bonaventure University. I certify that the evidence of financial resources I am submitting is true and accurate.

Signature		Date
		$
Full name	Relationship to applicant	Amount of funding

Family member / sponsor 2: My signature certifies that I will provide financial support in the amount indicated below for the purpose of the applicant's full-time study at St. Bonaventure University. I certify that the evidence of financial resources I am submitting is true and accurate.

Signature	Date
	$