

## **FINANCIAL DECLARATION**

## **Master in Philosophy**

502 E. Boone Ave., AD 41, Spokane, WA 99258	Phone: (509) 313-6560	Email: isss@gonzaga.edu	
Student's Name:			
Last	First	Middle	
INSTRUCTIONS			
Section 'A' lists possible sources of financial suppor estimated expenses for the applicable academic ye on any I-20 forms issued. By signing below, the per are available for this purpose.	ear, which are subject to annual cha	nge. All changes will be shown	
SECTION A: Student sources of funds / Annual sup	oort per year		
*Personal Funds of Student: \$	Name of Bank:		
*Parent's or Sponsor's Funds: \$	Name of Bank:		
**Scholarship: \$	**Other: \$		

\*Supporting Bank Statement must be attached

\*\*Letter of Support must be attached

SECTION B: Academic year estimated expenses for 2019-2020, based on *first 12 credits of the program*.

Tuition (\$1,015 per credit)	\$9,960
*Room & Board	\$12,720
Books, Fees, Supplies & Personal Expenses	\$2,445
**Medical & Accident Insurance	\$1,200
TOTAL	\$26,325

\*Room & Board costs vary depending on dorm and meal plan option.

\*\*Purchasing Gonzaga's medical and accident insurance is <u>required</u> for all international students on F-1 and J-1 visas, and is included in the program costs.

SECTION C: Certification and guarantee of finances for student

This is to certify that I understand all of the above and I agree to be responsible for the expenses of this student in the amount specified in Section A. I further certify that I have the indicated funds available for the student as long as he or she studies at Gonzaga University.

Name of responsible person (print)		Signature of person responsible		Date
Address: Street & Number	City	State or Province	Postal Code	Country