



# International Student and Scholar Services

## FINANCIAL DECLARATION – Doctorate in Leadership Studies (DPLS)

502 E. Boone, AD 41

Spokane, WA 99258

Phone: (509) 313-6454

Email: [isss@gonzaga.edu](mailto:isss@gonzaga.edu)

Student's Name: \_\_\_\_\_  
Last First Middle

### INSTRUCTIONS

Section 'A' lists possible sources of financial support. Please fill in the appropriate sections. Section 'B' lists the estimated expenses for the applicable academic year, which are subject to annual change. All changes will be shown on any I-20 forms issued. By signing below, the person responsible for your finances is guaranteeing that those funds are available for this purpose.

### SECTION A: Student sources of funds / Annual support 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 2018–2019, based on **first 12 credits of the program**.

Tuition (\$1,015 per credit)	\$12,180
*Room & Board	\$11,370
**Books, Fees, Supplies & Personal Expenses	\$2,745
***Medical & Accident Insurance	\$1,200
<b>TOTAL</b>	<b>\$27,495</b>

\*Room & Board costs vary depending on dorm and meal plan option. Above estimate is based on average cost of dormitory and meal plan. \*\*Fees may vary.

\*\*\*Purchasing Gonzaga's medical and accident insurance is **required** 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 or person responsible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address: Street & Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State or Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country