



**Foreign Student Financial Statement, Page 2**

**All applicants must show proof of finances.** Please obtain an official letter from the bank or financial institution in which you, and/or your sponsor, have available funds. This letter should be written on official letterhead, in English, and signed by a bank official. This letter should state the date the account was opened, the currency type and exact amount that is currently in the account. Fund amounts must be converted to US Dollars. Bank letters dated more than two months from the date of submission to Atlanta Metropolitan College are considered expired and are not acceptable.

**Parents or sponsors must also provide a letter of commitment (an affidavit).** This letter must include your full name, the relationship between you and the sponsor, the amount and duration of their support, and the sponsor's original signature. The sponsor must include their telephone number and address.

This certifies that the total amount of money that I have available for my first year of study at Atlanta Metropolitan College (including funds for dependents if applicable) is USD\$ \_\_\_\_\_, and the total amount available for each subsequent year of study is USD\$ \_\_\_\_\_. I understand that I must provide documentation for the total amount below for my program of study. All documents are currently attached to this form. Further, I certify that the above information provided is correct and complete and I will not require additional financial assistance from Atlanta Metropolitan College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

---

---

**SECTION IV. Program Cost / Payment**

<b>2009-2010 Programs Cost</b>	
Tuition & Fees	\$ 7280.00
Estimated Living Expenses	\$ 9357.00
Insurance	\$ 880.00
Books, Personal Expenses, Transportation	<u>\$ 1493.00</u>
Total	\$ 19,000.00

**Payment:** You must be prepared to pay a semester's tuition and fees in full at registration. The figures above represent the minimal costs of living in Atlanta. Your personal experience may differ significantly. Students must also pay health insurance at registration. **All costs are subject to change without notice.**

---

---

**SECTION V. Additional Contact Information**

If you have a U.S. contact, please provide their name, telephone number and address below. This will allow us to facilitate faster communication. You must also sign the release below:

Name of Contact:	Relationship to you:
Telephone Number:	Email:
Address:	

I certify that I desire to have the above person contacted in the event additional information is needed or to receive my I-20 document.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date