Atlanta Metropolitan State College
Office of Admissions
1630 Metropolitan Parkway S. W Atlanta, Georgia 30310
Phone: (404) 756-4004 ~ Fax: (404) 756-4407
Website: www.atlm.edu

INTERNATIONAL STUDENT FINANCIAL STATEMENT

Atlanta Metropolitan State College requires a financial statement for the first year of study from each applicant who is not a United States citizen or in possession of a permanent resident (immigrant) visa at the time of application for admission. This statement, and the required supporting financial documents, must be on file before an I-20 can be issued. Two original sets of supporting documents should be submitted: One set should be attached to the form and will become part of your permanent file. The other set should be used to present to the U.S. Embassy or Consulate. **Neither photocopies nor faxes are acceptable forms of verification.**

SECTION I. Application Information

Applicant's Family Name: Mr. /Ms.		Given Name:
Applicant's Social Security Number or Student Identification Number		
Country of Birth	Citizenship:	Date of Birth: (Month/Day/Year)
Telephone:	Email:	Facsimile:
Mailing Address:		

Expected visa type: [ ] F-1 Academic
[ ] Other (specify): _____

SECTION II: Dependent Information

1. Will a spouse and/or child/children accompany you to Atlanta Metropolitan State College? Yes [ ] No [ ]
2. If so, you must add the following minimums to the total cost:

Spouse: add $7,000.00 Each additional dependent: add $2,500.00

Name (Family name, Give Name)	**Date of Birth (Month/Day/Year)**	**Country of Birth/Citizenship**	**Relationship (Wife/husband, Daughter/Son)**

SECTION III. Source of Support in U.S. Dollars (Documentation required must show $34,000.00). Check all sponsors providing funding:

My own personal funding [ ] USDA$ _____

Parent's and /or sponsor's funds (family, friend, etc.) [ ] USD$ _____

Name of Sponsor _____ Relationship _____ USD$ _____

Name of Sponsor _____ Relationship _____ USD$ _____

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 State 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 State College (including funds for dependents if applicable) is _____USD$, and the total amount for each subsequent year of study is USD$ _____. 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 State College.

_____ _____

Student's Signature Date

SECTION IV. Program Cost / Payment 2026-2027 Programs Cost

Tuition & Fees	$	14.120.00
Estimated Living Expenses	$	12,000.00
Insurance	$	2,856.00
Books, Personal Expenses, Transportation	$	5,024.00
Total	$	34,000.00

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