

Section I

Name of applicant	Family/Surname	First/Given name	Middle
Major	Birthdate		Month / Day / Year
Country of birth		Country of citizenship	
Email address (print neatly in block letters)			

- I plan to come without dependants (spouse/children)
- I plan to come with dependents. The following dependents (spouse/children) will accompany me:

Family/Given Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship to Applicant

Section II

Applicants are responsible for all costs of attending the university (4–5 years for freshmen; 2–3 years for transfer students.) University costs are subject to change and increase an average of 5 percent annually. You and your sponsor must sign verification statements A. and B. at the bottom of this page indicating that you are responsible for all costs. Check the appropriate statements below indicating where your first year of funding will come from (multiple sources are acceptable.) Attach the appropriate financial documentation showing availability of one year’s funding.

Source of Funds

Check (✓) the boxes showing where your first year of funding will come from and indicate the amount that will come from that source. The total must amount to at least \$28,645.

Source:	Amount:
<input type="checkbox"/> I will pay from my own personal account.	\$ _____
<input type="checkbox"/> My family will pay for my education.	\$ _____
<input type="checkbox"/> I will have a scholarship from: _____	\$ _____
<input type="checkbox"/> I will have a student loan from: _____	\$ _____
<input type="checkbox"/> My Government/Company will pay for my education.	\$ _____
<input type="checkbox"/> Other (specify): _____	\$ _____
Total:	\$ _____

Verification:

- A.** This is to certify that I (we) the undersigned agree to provide the funds required for all years of study at the University at Albany and that I (we) are submitting bank statements indicating the availability of these funds.

Sponsor's Signature	Date	Relationship to applicant
Sponsor's Signature	Date	Relationship to applicant

- B.** This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

Sponsor's Signature	Date	Relationship to applicant
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Return this form with required verification to:

Attn: John Pomeroy University at Albany Office of Undergraduate Admissions 1400 Washington Avenue Albany, NY 12222 USA	Telephone: 1-518-442-5435 Email: JPomeroy@uamail.albany.edu Website: www.albany.edu
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