Financial Certification Form  
for Online Degree Programs that Require On-Campus Residencies

It is each F-1 applicant’s responsibility to demonstrate sufficient funding for all academic and living expenses during his/her entire course of study/on-campus residency at Regent University in the United States. In order to obtain an I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status), which is required for the F-1 student immigration status/visas; the applicants must submit documentary evidence of financial support for the entire period of their residency in the United States.

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**Financial Estimates for On-Campus Residencies**

**A. Determining the Total Estimated Cost for Your Particular Residency**

Use the chart below to determine the total estimated cost for your particular residency. You will need to know the estimated cost for your program in order to complete the *Financial Certification Form* on the next pages. Once you locate the “TOTAL ESTIMATED COST” for your residency program, you will need to list it in Section F.

<table>
<thead>
<tr>
<th>Residency Programs</th>
<th>Tuition/course /student fees</th>
<th>Living Expenses (Per week)</th>
<th>TOTAL ESTIMATED COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divinity: PhD in Renewal Theology</td>
<td>***prepaid</td>
<td>$1,310 (x2)</td>
<td>$2,620</td>
</tr>
<tr>
<td>PC: PhD Counselor Education &amp; Supervision</td>
<td>*$6,000</td>
<td>$1,000</td>
<td>$7,000</td>
</tr>
<tr>
<td>PC: MA in Counseling licensure programs</td>
<td>*$7,595</td>
<td>$1,000</td>
<td>$8,595</td>
</tr>
<tr>
<td>COM: PhD in Communication</td>
<td>****$3,525</td>
<td>$1,000</td>
<td>$4,525 (x number of classes enrolled in)</td>
</tr>
<tr>
<td>COM: Doctor of Strategic Communication</td>
<td>$4,450</td>
<td>$1,000</td>
<td>$5,450</td>
</tr>
<tr>
<td>SBL: PhD in Organizational Leadership</td>
<td>^$6,895</td>
<td>$990</td>
<td>$7,885</td>
</tr>
<tr>
<td>SBL: Doctor of Strategic Leadership</td>
<td>^$6,895</td>
<td>$990</td>
<td>$7,885</td>
</tr>
</tbody>
</table>

*PC: The tuition/residency fee will be paid by PC students the semester of the residency. Additional fees of $300 for PhD and $450 for MA are calculated in cost.  
***DV: PhD Renewal Theology residency is in the middle of the semester and would have already been paid. Residency is 2 weeks in length.  
**** COM PhD residency is 1-2 weeks in length, depending on the number of courses enrolled in.  
^SBL: Tuition is due the day before or day of residency. Residency is 4 days in length. Residency fee of $375 is calculated in cost.

*Updated 03/15/2021 - kgk*
Regent University Financial Certification Form for F-1 Students

Student Name: __________________________  Regent ID: B________________  Email Address: ______________________

Date of Birth: ___________________________  City of Birth: ________________  Country of Birth: _____________________

A. Select the reason for submitting the Financial Affidavit. F-1 students for short-term on-campus residency programs must provide evidence of financial support for the estimated cost of attending residency in order to receive the types of I-20’s listed below.

- [ ] To enter the US as a new F-1 student:
  - Self
  - With Dependents (complete the Financial Affidavit for F-2 Dependents sections)
- [ ] Transfer in to Regent University from another US Institution
- [ ] To apply for a Change of Status to F-1 Status
- [ ] To apply for Reinstatement to F-1 Status

Regent University will rely on the financial information below to determine eligibility for Form I-20 issuance. The student must inform Regent if these financial details change. Failure to meet financial obligations may result in a termination of the student’s SEVIS record.

B. Student Financial Certification (handwritten signature required).

I certify that the amount of funds indicated in the bank certification section on this form, or in any submitted financial statements or letters, are available for my academic study at Regent University. Additionally, I have sufficient funding to support each year of my education at Regent University, including funds for my spouse and children, if applicable.

Student Signature: __________________________  Date: ____________

C. Select the source of your financial support. (select all that apply)

- [ ] Self. Submit financial documents which list your name as the account holder.
- [ ] Sponsors. Submit financial documents which list account holder(s) as your spouse, parents, family or other individuals.
- [ ] Regent University Scholarship or Financial Award. Submit a copy of your award letter or notification.
- [ ] Other. Please indicate your source of funding:

D. Sponsor Financial Certification (only required if you have sponsors). ALL named account holders must sign and certify the Regent University Financial Affidavit. If you have more than three sponsors, please include another page one of the financial affidavit with the additional sponsors. Names may be typed, but signatures must be handwritten.

I certify that I am willing and able to financially support the student named on this form for the amount indicated in the bank certification section on this form, or in the attached bank statement or letter, for their short-term on-campus residency program.

Sponsor #1 Name: __________________________  Date: ____________
Sponsor Signature: __________________________

Sponsor #2 Name: __________________________  Date: ____________
Sponsor Signature: __________________________

Sponsor #3 Name: __________________________  Date: ____________
Sponsor Signature: __________________________
E. Bank Certification. Either have your bank complete this section OR attach an official supplemental funding document.

I certify that the student or the sponsor named on this form has full access to the funds described in this section. Further, I certify that the funds described in this section can be withdrawn at any time, are liquid, and can be used without restriction to sponsor the education of the above named student while in the United States. This certification is given for the student’s educational purpose in the United States and does not hold the bank responsible or liable.

Name of Bank: ______________________________
Address of Bank: ______________________________
Name of Account Holder: ______________________________
Last 4 Digits of Acct. #: ______________________________
Available Amount in US Dollars: ______________________________
Bank Official’s Name (PRINT): ______________________________
Bank Official’s Title: ______________________________
Bank Official’s Signature: ______________________________ Date: ______________________________

Official Stamp or Seal of Bank: ______________________________

F. Determine and enter your estimated residency expenses.

$__________________________
Estimated costs are on page 1 of this document. You must provide financial certification of these minimum amounts as a part of the I-20 request process. These estimates are subject to change without prior notice; the exact costs of attendance will vary by student based on living arrangements and course registration. For dependents: You will need to add $500 for each dependent you will bring, if you will seek F-2 status for them. It is recommended that dependents enter under a B1/B2 visitor visa. Email intladvising@regent.edu if you need assistance.

G. Financial Affidavit F-2 Dependents: This section is only required if you have dependents coming to or remaining in the U.S.

☐ Add or Maintain Dependent(s) to F-1 Record

Student Certification (Handwritten signature required). By signing below, I request the creation/maintenance of the F-2 SEVIS records for my spouse and/or child. I understand that dependents in F-2 status are permitted to stay in the United States only to the extent that the F-1 student is authorized to stay. F-2 spouses may not work and may only engage in part time study, and F-2 children may only engage in full time study in elementary or secondary school.

Student Signature: ______________________________ Date: ______________________________

☐ Remove Dependent(s) from F-1 Record

Student Certification (handwritten signature required). I certify that by signing below, I request that my dependent(s) SEVIS record(s) be terminated. I understand that the I-20 my dependent holds is no longer valid for purposes of entering or remaining in the U.S.

Student Signature: ______________________________ Date: ______________________________

H. Dependent Information. This section is only required if you are adding or removing your dependents from your SEVIS record, fill out their information below. You must submit a copy of your dependent’s passports with this form.

<table>
<thead>
<tr>
<th>Add or Remove</th>
<th>Relationship</th>
<th>Gender</th>
<th>Family Name/Surname</th>
<th>Given Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>City &amp; Country of Birth</th>
<th>Country of Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>Spouse</td>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove</td>
<td>Spouse</td>
<td>Female</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>Child</td>
<td>Male</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove</td>
<td>Child</td>
<td>Female</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>Child</td>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Remove</td>
<td>Child</td>
<td>Female</td>
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