



COCHISE COLLEGE
FINANCIAL GUARANTEE FORM

The Department of Homeland Security, Customs and Border Protection Agency, requires that international students have adequate resources available to cover their expenses during their proposed period of study. Currently the expense of one year of study at Cochise College for a full-time student living On Campus is estimated at U.S. \$15,250.00. This amount is in addition to any travel money needed.

STATEMENT FROM FINANCIAL SPONSOR

Please type or print:

Student's name _____

Name of Sponsor _____

Address of Sponsor _____

Telephone: _____

- ACADEMIC YEAR 2015-2016

International student tuition and fees	\$6,150.00
Textbooks and supplies	\$1,000.00
Student health insurance	\$1,000.00
Total – school related costs	\$8,150.00
Room and Board	\$5,200.00
Living expenses	\$2,000.00
TOTAL COST (per year)**	\$15,250.00
Dependents (each additional)	\$2,000.00
**THESE COSTS ARE SUBJECT TO CHANGE	

Please list any dependents (spouse and/or children) who will accompany you:		
Complete name	Relationship	Date of Birth

I understand that Cochise College will not be able to assist the student in case of financial hardship. I further understand that I am fully responsible, and will be held accountable by the College, for maintaining the terms of this statement.

I hereby certify that I have resources available to cover the expenses incurred at Cochise College during the proposed period of study for the above named student.

Signature of Sponsor, or student, if self-sponsored _____

Date _____

STATEMENT FROM BANK

This is to certify that _____, whose signature appears above, has sufficient funds to cover the expenses of the student applicant named and that the information furnished by the sponsor regarding the availability of funds is true and correct.

TITLE OF BANK OFFICIAL _____

NAME OF BANK _____

SIGNATURE OF BANK OFFICIAL _____

ADDRESS _____

PLACE OFFICIAL BANK SEAL HERE

CITY/COUNTRY _____

DATE OF SIGNATURE _____

Statements must be dated within six (6) months of your intended date of enrollment.