

A Certificate of Eligibility (form I-20 or DSP-66) will not be authorized until this form is completed and returned. When all admissions criteria have been appropriately met, a copy of this form will be attached to the Certificate of Eligibility. Both must be shown to the U.S. Consulate for issuance of the visa.

Full Name: _____
Surname First Middle Maiden

Address: _____

City Province Country Postal Code

Date of Birth: ____/____/____ Country of Birth: _____
Month Day Year

Intended Major: _____

Proposed Enrollment Term and Year: Fall (August) SPRING (January) Summer 20_____

Estimated General Expenses for the 2007-2008 Academic Year

Tuition	\$ 10,580
Room	2,752
Board	3,838
Mandatory Fees	2,626
TOTAL	\$ 19,796

First Year Source of Funding (U.S. Dollars Only)

a) Personal Funds \$ _____
 b) Funds from Family \$ _____
 c) Additional Sources (please specify)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

FIRST –YEAR TOTAL \$ _____

Second Year Source of Funding (U.S. Dollars Only)

a) Personal Funds \$ _____
 b) Funds from Family \$ _____
 c) Additional Sources (please specify)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

SECOND-YEAR TOTAL \$ _____

Third Year Source of Funding (U.S. Dollars Only)

a) Personal Funds \$ _____
 b) Funds from Family \$ _____
 c) Additional Sources (please specify)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

THIRD–YEAR TOTAL \$ _____

Fourth Year Source of Funding (U.S. Dollars Only)

a) Personal Funds \$ _____
 b) Funds from Family \$ _____
 c) Additional Sources (please specify)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

FOURTH-YEAR TOTAL \$ _____

(over)

CERTIFICATION

This is to certify that I have reviewed the information furnished by the applicant on this form and verify it to be true and accurate. The referenced funds are available.

FINANCIAL INSITUATION

Official's Signature *Date*

Official's Name *Title/Position* *Telephone Number*

Mailing Address

City *Province/State* *Country* *Postal Code*

Notary Signature *Date*

FAMILY or FRIEND

Signature *Date*

Full Name *Relationship* *Telephone Number*

Mailing Address

City *Province/State* *Country* *Postal Code*

I certify that the information provided is true and accurate. I also understand that falsifying this document could result in the rescinding of my admission to Saint Augustine's College.

Applicant's Signature *Date*

Please return the completed form to: Saint Augustine's College
Office of Admissions
1315 Oakwood Avenue
Raleigh, North Carolina 27610-2247
UNITED STATES OF AMERICA

It is the policy of Saint Augustine's College not to discriminate against any individual in its educational program, activities, or employment on the basis of race, color, national origin, sex, disability, veteran status, age, religion or marital status.