CERTIFICATE OF FINANCIAL RESPONSIBILITY

FOR BI-LATERAL EXCHANGE INTERNATIONAL VISITING STUDENTS

I. PERSONAL INFORMATION: Please type or print legibly
LAST NAME: FIRST NAME:
DATE OF BIRTH:/ SEX:FemaleMale Month Day Year
COUNTRY:COUNTRY OF CITIZENSHIP:
E-MAIL:
MAILING ADDRESS OF COORDINATING INTERNATIONAL RELATIONS OFFICE: Your DS-2019 will be mailed to your institution's International Relations Office – please enter this information in the space below.
II. ACADEMIC INFORMATION: Please check all of the appropriate boxes that describes your status
Admitted as a: Bi-Lateral Exchange Student - OR - Visiting Student (Non-Exchange) Undergraduate-Level - OR - Graduate-Level
Admitted for: Fall-Only - OR - Spring-Only - OR - Academic Year 2018 2019 2020 2021 2022
Admitted as an exchange / visiting student from:(Name of current University)
III. FINANCIAL INFORMATION: This section must show availability of funds for the full duration of proposed study. Attach proof of Scholarship/Fellowship/Grant
Scholarship awarded from URI: \$ Amount
Fellowship/Scholarship/Grant not from URI:
Family/Personal/Sponsor not from URI: (see section IV) Amount Amount Amount
The URI Office of International Students and Scholars (OISS) will not process DS-2019



The URI Office of International Students and Scholars (OISS) will not process DS-2019 documents until it has received this completed certificate, notarized and/or endorsed by your financial sponsor or the bank holding your funds (See page 2).

If you are the recipient of a scholarship, or sponsorship from URI, please ensure to also submit your award letter with this certificate.

IV. AFFIDAVIT OF SUPPORT: Section should be completed by student's sponsor and bank only **Sponsor's Certification:** To be completed by sponsor only. , will be the guarantor of financial obligations incurred _____ during his/her enrollment at (Name of student) The University of Rhode Island. _____ Date: _____ Signature____ **Bank's Certification:** To be completed by bank official only. _____, the sponsor for applicant This is to certify that_____ (Name of guarantor) , maintains the following account(s) with (Name of student) (Name of bank/financial institution) This certificate is issued without any liability on the part of the bank or any of its officials. **Account Type Amount** Include the bank's official stamp or seal in this box. Total in \$US dollars: Name of bank employee: Signature of bank employee: ______ Date: _____ V. IMPORTANT INFORMATION: Read carefully before signing THE AFFIDAVIT OF SUPPORT (PROOF OF FUNDING) SUBMITTED TO OUR OFFICE MUST BE PROVIDED WITHIN 30 DAYS FROM THE DATE ISSUED BY SPONSOR / BANK. By signing below, I am certifying that the information I have provided on this form is true and correct.

Mail this form to:

Student's Signature

University of Rhode Island Office of International Education 37 Lower College Road Kingston, RI 02881 Date