RIVERSIDE COMMUNITY COLLEGE DISTRICT
CENTER FOR INTERNATIONAL STUDENTS AND PROGRAMS

Financial Certification Form

NAME OF STUDENT
(Last)     (First)

Every applicant must present evidence of financial resources (for example, a recent original bank statement) to cover the costs during the period of attendance at Riverside Community College District.

Costs for the academic school year are estimated as:
1. Tuition and Fees (two semesters)………………………………………………………….$6,650
   Students are required to enroll in a minimum of 12 units per semester.
2. Insurance, books and supplies………………………………………………………..$2,350
3. Living expenses…………………………………………………………………….$12,000

ESTIMATED ANNUAL COST………………………………………………………………….$21,000*

Please show the amount of funds available to you in each of the two years you expect to attend this college by filling in the following appropriate blanks. Funds are to be reported in terms of U.S. Dollars.

*Additional dependent cost estimate: Spouse: $3,500, Child: $2,000

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>FIRST YEAR</th>
<th>SECOND YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>From parents</td>
<td>$</td>
<td>$</td>
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<tr>
<td>From own savings</td>
<td>$</td>
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<tr>
<td>From government</td>
<td>$</td>
<td>$</td>
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<tr>
<td>From sponsor (relative____; other______)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>From scholarship</td>
<td>$</td>
<td>$</td>
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<tr>
<td>From other source</td>
<td>$</td>
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</tr>
</tbody>
</table>

Do you have finances to pay for your travel to and from the United States?   YES   NO

CERTIFICATION BY REPRESENTATIVE OR AGENCY

Our records indicate the information furnished by the applicant is an accurate statement of financial resources available to him/her for use during study in the United States. Attached is a bank statement indicating his/her ability to meet financial obligations.

Name (Print) _________________________________
Signature _________________________________
Title/Organization ___________________________
Address _____________________________________
Telephone _________________________________
Date _________________________________

CERTIFICATION BY PARENT OR OTHER FINANCIAL SPONSOR

I certify that I will be responsible for the financial support of the applicant as shown in the confidential statement above. My ability to meet this obligation is indicated by the attached original bank statement.

Name (Print) _________________________________
Signature _________________________________
Relationship _________________________________
Address _____________________________________
Telephone _________________________________
E-Mail _________________________________ Date __________