



Atlantic Institute of Oriental Medicine
 Office of International Students
 100 East Broward Blvd., Suite 100
 Fort Lauderdale, FL 33301 Tel (954)763-9840 Ext.205 Email: hchen@atom.edu

Financial Affidavit of Support for International Students Doctoral

All international applicants requiring the I-20 Certificate of Eligibility Form must complete this financial affidavit. You are required to certify that you will have adequate financial support for one academic year of study at the Atlantic Institute of Oriental Medicine. A Certificate of Eligibility (I-20) will not be issued until this form is completed and an original bank letter is submitted from your sponsor(s) and returned to the admissions office at the above address.

If financial support is to be provided by one or more sponsors, please note that the individual(s) must certify the affidavit on the enclosed form.

Please obtain two originals of your bank letter and financial affidavit of support. You will need to retain an original of each financial document for your own records. You will be required to show these documents to the U.S. Consulate when applying for your student visa as well as to immigration officials upon entering the U.S. Acceptable financial verification must be dated no more than six months prior to the start of your first semester.

Expenses	U.S.Dollars	Source of Support (self or sponsor)
Tuition (12 months)	\$15,000	
Books, Supplies, Health Insurance	\$2,000	
Housing and Food	\$11,000	
Total	\$28,000	

Scholarship/Grant Award (if applicable)	
Academic Award	-\$
Athletic Award	-\$

TOTAL	
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Affidavit of Self-Support

To be completed by Applicant

I certify that I have _____ U.S. dollars available to me for the above expenses of my
Insert amount

Doctoral study at the Atlantic Institute of Oriental Medicine.

Signature _____ Date _____
Month *Day* *Year*

Name _____
First *Middle Initial* *Last/Surname*

Address _____

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

Telephone _____ Email _____
(Please include country and city international calling codes)

The Atlantic Institute of Oriental Medicine (ATOM) does not discriminate on the basis of race, creed, color, ethnicity, national origin, ancestry, religion, gender, sexual orientation, gender identity, genetic information, familial status, marital status, pregnancy, age, disability status or veteran status.

Sponsor Affidavit of Support

To be completed by Sponsor 1

I certify that I am willing and able to sponsor _____
(insert students name)

with a minimum amount of _____ in U.S. dollars dated and signed by a bank official no more than six months before the student's
(insert amount)
enrollment at the Atlantic Institute of Oriental Medicine, indicating savings accounts funds to sponsor the student.

Signature _____ Date _____ Relationship to Student _____

Name _____ Sponsor's Citizenship _____
(please print)

Address _____ Email _____
(please print)

Fax _____ Telephone _____
(including country and city code) *(including country and city code)*

Sponsor Affidavit of Support

To be completed by Sponsor 2

I certify that I am willing and able to sponsor _____
(insert students name)

with a minimum amount of _____ in U.S. dollars dated and signed by a bank official no more than six months before the student's
(insert amount)
enrollment at the Atlantic Institute of Oriental Medicine, indicating savings accounts funds to sponsor the student.

Signature _____ Date _____ Relationship to Student _____

Name _____ Sponsor's Citizenship _____
(please print)

Address _____ Email _____
(please print)

Fax _____ Telephone _____
(including country and city code) *(including country and city code)*

Sponsor Affidavit of Support

To be completed by Sponsor 3

I certify that I am willing and able to sponsor _____
(insert students name)

with a minimum amount of _____ in U.S. dollars dated and signed by a bank official no more than six months before the student's
(insert amount)
enrollment at the Atlantic Institute of Oriental Medicine, indicating savings accounts funds to sponsor the student.

Signature _____ Date _____ Relationship to Student _____

Name _____ Sponsor's Citizenship _____
(please print)

Address _____ Email _____
(please print)

Fax _____ Telephone _____
(including country and city code) *(including country and city code)*

