

**Please return to
the Admissions Office**



MASSASOIT
COMMUNITY COLLEGE

Today's Date

One Massasoit Blvd., Brockton, MA 02302-3996 - 900 Randolph Street, Canton, MA 02021-1372

Certificate of Financial Support

I, _____, residing at _____
(Name) (Street Address)

(City, State, Zip Code and Country)

certify that I will support _____
(Name) (Date of Birth)

Citizen of _____

Relation to Sponsor _____ Permanent Residence _____
(City and Country)

PLEASE COMPLETE IF SPONSOR IS A CITIZEN OR PERMANENT RESIDENT OF THE UNITED STATES:

I am willing and able to receive, maintain and support _____ during
(Name)
his/her stay at Massasoit Community College.

PLEASE COMPLETE IF SPONSOR IS A CITIZEN OF ANOTHER COUNTRY:

I am able to maintain and support _____ during his/her stay as a student
at Massasoit Community College. (Name)
Address _____

**I WILL BE DIRECTLY RESPONSIBLE FOR:
ACADEMIC YEAR - 2004-2005 (Based on 12 months)**

TUITION	YEAR
\$230 per credit hour (tuition)	\$ 5,520.00
\$ 87 per credit hour (fees)	\$ 2,088.00
Mandatory Health Insurance per year	\$ 545.00
Books and Supplies per year	\$ 800.00
Living Expenses per year	\$ 7,200.00
Personal Expenses per year	\$ 3,000.00
Total	\$19,153.00

SUBJECT TO CHANGE

THIS CERTIFICATE OF FINANCIAL SUPPORT SHOULD BE NOTARIZED AND ACCOMPANIED BY A NOTARIZED LETTER FROM YOUR BANK THAT PROVES THAT YOU HAVE SUFFICIENT FUNDS.

Sponsor Signature: (Notarized) _____

Notary Signature: _____

Note: An I-20 will NOT be authorized until this form is completed and returned. Both the form and the certificate must be shown to the United States Consular Office to obtain a Visa F-1.

FOR OFFICIAL USE ONLY

Signature of College Official _____ Title _____

Date of Visa Issued _____ Date of Visa Expired _____ Expiration Date on Form I-94 _____