

Financial Resource Statement for UNDERGRADUATE International Student Applicants A Certificate of Eligibility (Form I-20) will not be authorized until this form has been completed in its entirety and supported by

bank statements that certify the information below.

Applicant's Name: Last or Family Name	First Name Middle	Name
Country of Citizenship:		
Sources and Amounts of Financial Support for First	Estimated Expenses to Attend Christopher Newport	
Year (9 Months)	University for First Year (9 Months)*	
Personal or Family Savings	2023-2024 Rates (in U.S. dollar)	
Name of Bank:	Tuition & Comprehensive Fee	
Amount: \$	(based on 30 credit hours for the	\$30,988
(Bank affidavit is required)	academic year)	
Parent(s) or Sponsor(s)	Books & Supplies	\$1,250
Name:	University Room, Board, Telecom	\$12,720
Amount: \$	Fee (on campus, double occupancy)	
Name:	Personal Expenses	\$2,046
Amount: \$	Transportation Expenses	\$3,000
(Personal bank affidavits required)	Total*:	\$50,004
Government	Do you have a source of emergency funds once you have arrived	
Agency Name:	in the United States?	
Address:	Yes □No Source(s):	
	Amount: \$	
Amount: \$		
(Signed award letter on official letterhead required.)	List any persons whom you are financially supporting	
Other Source(s)	Name:	
Source Name:	Relation to you:	
Amount: \$	Will they come to the United States with you? The cost of living for	
Source Name:	each dependent/per month: \$450 (additional may be required).	
Amount: \$	□Yes □No	
(Official confirming documentation required)	Notes:	
Total: \$	1 -	
(Must be greater than or equal to the Toal Estimated Expenses)	1 -	
*Note: This total only represents the first full-year of enrollme they are considering attending Christopher Newport. Minimum Tuition, fees, and room and board rates are determined annual academic year. Current rates and information can be found cnu.edu/	and approved by the Board of Vis d on the Christopher Newport Business	y \$192,000. itors for the following
Applicant's Signature:	Date:	