



# THE WRIGHT INSTITUTE

## EDUCATING CLINICIANS TO SOCIETY

### Certification of Finances for International Students

This form is to be completed and submitted along with your other application materials. Your application will not be considered complete until this form is received.

**PLEASE NOTE:** Applicants requiring an I-20 or DS-2019 must also provide: (1) copy of biographical page of passport; (2) copy of expiration date of passport; and (3) copy of all U.S. visa stamps, if any. Please email documents to [admissions@wi.edu](mailto:admissions@wi.edu).

**Name (please print)** \_\_\_\_\_  
(As spelled on your passport)      Full Last/Family Name      Full First/Given Name      Full Middle Name(s)

**Date of Birth (MM-DD-YYYY)** \_\_\_\_\_ **To which Wright Institute program are you applying?**

**City of Birth** \_\_\_\_\_ ☐ Counseling (MA) Program

**Country of Birth** \_\_\_\_\_ ☐ Clinical (PsyD) Program

**Country of Citizenship** \_\_\_\_\_

**Do you currently hold or intend to apply for an F-1 visa prior to attending The Wright Institute?** ☐ Yes ☐ No

If no, which visa type will you use to attend The Wright Institute? If unsure, please select "yes" above. \_\_\_\_\_

**Are you currently living in the U.S.?**

☐ Yes ☐ No

(If yes, attach a copy of your I-94 record.)

**Are you presently F-1 status?**

☐ Yes ☐ No

(If yes, attach a copy of all pages of your I-20 or DS-2019 and a copy of visa stamp from passport.)

**If you are F-1 status, do you intend to transfer your SEVIS record to The Wright Institute?**

☐ Yes ☐ No

You are required to certify that you have sufficient funds available for your academic and living expenses. The following expense amounts are the **minimum** funds needed. Please complete the chart on page two of this form with these amounts in mind. These are 2024-25 costs; your total cost may vary, and you should expect expenses to increase yearly.

	Clinical (PsyD) / 10 months	Counseling (MA) / 12 months
Tuition:	\$ 41,400	\$ 36,750
Books and Supplies:	\$ 2,919	\$ 2,919
Housing:	\$ 24,810	\$ 29,772
Other Living Expenses:	\$ 11,340	\$ 13,608
Transportation:	\$ 5,408	\$ 6,489
Health Insurance:	\$ 3,898	\$ 4,678
<b>TOTAL:</b>	<b>\$ 83,698*</b>	<b>\$ 94,216*</b>

\*Sample 2024-25 expenses; your costs may vary

#### IMPORTANT: DOCUMENTATION COVERING ADDITIONAL EXPENSES

**Family Expenses:** If you are married and plan to bring your spouse and/or children, you must also certify at least U.S. \$10,000/year for your spouse and U.S. \$6,000/year for each child.

**Employment Prohibitions:** In computing your expenses, you should keep in mind that students holding Student (F) Visas cannot be authorized to work off campus to support themselves. Therefore, you should not anticipate employment, either part-time during the academic year or full-time during the summer, as a means of support while at The Wright Institute.

#### INFORMATION ABOUT DEPENDENTS WHO WILL ACCOMPANY YOU

Please check where appropriate:

- ☐ I plan to come alone.  
☐ I plan to bring dependents.

Attach a photocopy of the biographical/identification pages of passport for each dependent. On a separate sheet of paper, provide the following information for each dependent: family name, given name, gender, relation, date of birth, country of citizenship, city and country of birth, and country of legal permanent residence.

Please complete the chart below to demonstrate the amount of liquid funds you and/or your sponsor will be able to contribute to your tuition and living expenses. Include any sources available to you. Upon admission to The Wright Institute, you will be required to provide supporting financial documents of the listed funds written in English.

Source of Funds	Year 1 (enter amount in U.S. dollars)
<input type="checkbox"/> <b>Self-Support</b> Upon admission, you will be required to provide a bank statement documenting sufficient cash for <b>all years of study</b> . By checking this box and signing below, you certify that you have sufficient accessible funds for the duration of your program at The Wright Institute.	\$ _____
<input type="checkbox"/> <b>Family or Individual Sponsor</b> Upon admission, you must provide a bank statement with sponsor's name showing funds to cover at least 1 year of study. <b>Sponsor must sign Official Certification below.</b>	\$ _____
<input type="checkbox"/> <b>Government Sponsorship or Scholarship</b> Upon admission, you will be required to provide a signed copy of your letter of award, specifying the current date, the name of The Wright Institute, the U.S. dollar amount, the exact starting date and length of the scholarship, and conditions of the award.	\$ _____
<input type="checkbox"/> <b>Other (Specify)</b> _____ Upon admission, you must provide a signed affidavit from a person authorized to certify the accuracy of this entry.	\$ _____
<b>TOTAL:</b>	\$ _____ (Required: If not automatically totaled, add all columns and include sum here.)

#### APPLICANT'S CERTIFICATION

I certify that I have read the information provided on this certification, that it is true and accurate, and that the funds are available.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

#### REQUIRED: OFFICIAL CERTIFICATION BY FAMILY OR INDIVIDUAL SPONSOR

Sponsor's Name (please print) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Sponsor's Address \_\_\_\_\_  
 \_\_\_\_\_

If sponsor is living in the U.S., please indicate: ☐ U.S. Citizen ☐ U.S. Permanent Resident ☐ Other \_\_\_\_\_

Sponsors who are living in the U.S. and are not citizens must provide copies of their immigration papers (I-94 and visa stamps), as well as a copy of the biographical page of their passport and the passport expiration date.

I guarantee that I have sufficient, liquid funds for the student's first year of study and that, barring unforeseen circumstances, I will provide additional adequate funding for the duration of the student's program.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

This form will not be considered complete without the original signature of the sponsor and the sponsor's mailing address.