



International American University-College of Medicine
Office of Admissions
5999 Summerside Drive, Suite 220, Dallas, Texas, USA 75252
<http://www.iau.edu.lc>
admissions@iau.edu.lc
Toll Free 1-888-440-4474 or 972-484-9700 Fax 972-484-9970

Financial Statement for International Students

The following documents are required before a visa can be issued:

Authorized credit card on file for billing purposes

AND

Financial statement from a valid financial institution showing a minimum amount of \$10,000 USD within the last calendar year.

OR

Sponsor's financial statement from a valid financial institution showing a minimum amount of \$10,000 USD within the last calendar year.

APPLICANT INFORMATION

Full name: _____

Mailing Address: _____

SOURCE OF FINANCIAL SUPPORT TO MEET THE \$10,000 USD REQUIREMENT

Your Own Funds _____

Funds from Sponsor _____

FINANCIAL CERTIFICATION OF SPONSOR

Name of Sponsor

Address of Sponsor _____

Relationship to Student _____

Sponsor's Guarantee:

I guarantee that the sum of US\$ _____ will be available for the above-named student for each calendar year the applicant is a student at IAU College of Medicine. A comparable amount of money will be available for _____ years. (Duration of Degree Program)

Signature of Sponsor _____

Date _____

Print Name of Sponsor: _____

AUTHORIZED CREDIT CARD ON FILE

The following credit card has been authorized for IAU College of Medicine to use for the following purposes: tuition as invoiced, outstanding balances, late fees and/or graduation fees. In the event a former payment agreement is not honored, IAU College of Medicine may charge outstanding balances to this account.

Photo copy of card (front and back) must be attached to this form.

Type of Card: VISA MASTERCARD DISCOVER

Card Number: _____

Expiration Date: _____

Security Code: _____

Name on Card: _____

Billing Address: _____

APPLICANT STATEMENT

I fully understand the minimum support of \$10,000 USD that will be needed for my living and educational expenses at IAU College of Medicine. I understand that providing false or misleading information can result in my application being denied or in my disenrollment from IAU College of Medicine.

Signature of Applicant: _____

Date _____

Checklist for attached documents:

- Photo copy of authorized credit card (front and back)
- AND
- Financial Statement from financial institution within last calendar year
- OR
- Sponsor’s financial statement from financial institution within last calendar year