

BETHUNE-COOKMAN UNIVERSITY
Declaration of Finances

You are required to certify that you will have the sum of \$ 28,232 (US) for each year at Bethune-Cookman University, excluding travel expenses.

I, _____, certify that the total amount of money that I have available for my first year of study at Bethune-Cookman University is \$ _____ (US).

Please indicate your source of financial support:

Family	US \$ _____
Friends	_____
Your Government	_____
Savings	_____
Other _____	_____

MUST PROVIDE A BANK LETTER AND/OR STATEMENT STATING ACCOUNT TOTAL IN U.S. DOLLARS OR EQUIVALENT.

The following are estimates of expenses for an International Student for (10) months:

• Tuition (up to 34 credit hours)*	\$ 13,844.00
• Room and Board	9,412.00
• Fees	970.00
• Books and Supplies**	800.00
• Personal Expenses	2,000.00
• Wellness Benefits***	1,206.00
	\$ 28,232.00

* Tuition costs cover up to 18 credit hours per semester and tuition fees are subject to change. Transportation, air and ground, are not included in this estimate.

** Some academic programs of study have additional costs.

**Students who reside in the Lee Rhyant Residential Life Center will be assessed an additional room charge of \$708 per year (\$354 per semester). The Thomas and Joyce Hanks Moorehead Residential Life Center costs an additional \$407 per semester (\$814 per year).

***Fee Disclaimer: All costs printed are an estimate. Final balances may differ based on approval by the Bethune-Cookman University Board of Trustees.

Employment: I understand that I am not permitted to work off-campus or to engage in business unless I have received permission to do so from Department of Homeland Security / USCIS.

Student's Signature _____ Date: _____

BETHUNE-COOKMAN UNIVERSITY
Notarized Affidavit of Financial Support

This is to verify that I, _____, will be
(Sponsor's Name)

responsible for the educational expenses of _____ in
(Student's Name)

the amount of \$(US) _____ per year while he/she is attending
school in the United States.

Date: _____

Sponsor's Name (Please Print)

Sponsor's Signature

Relationship to Student

Notary's Printed Name

Signature and Seal of Notary Public

**MUST PROVIDE A BANK LETTER/STATEMENT STATING ACCOUNT TOTAL IN U.S.
DOLLARS OR EQUIVALENT.**



BETHUNE-COOKMAN UNIVERSITY

INTERNATIONAL STUDENT HEALTH INSURANCE COMPLIANCE FORM

This form has been designed to assist international Students in complying with the State of Florida and Bethune-Cookman University's rules and regulations that require all international students to have health insurance to register or enroll in university classes.

Bethune-Cookman University has available a policy that includes benefits mandated by law. Any International Student that purchases an alternate policy must provide Student Health Services with proof that the alternate policy provides the mandated benefits before the international student shall be allowed to opt out of the Bethune-Cookman University sponsored International Students' Health Insurance Plan.

Failure to return the International Student Health Insurance Compliance Form by the drop/add date shall results in the international student being automatically enrolled in the Bethune-Cookman University sponsored International Students' Health Insurance Plan. All cost incurred for such benefits will be the responsibility of the student and shall affect his/her overall educational costs of attending Bethune-Cookman University. This form is not intended to provide a complete analysis of the actual insurance plan. If any conflict exists between this document and the final plan, the final plan terms are controlling.

I, _____, elect to have B-CU Insurance Coverage.
Student's Printed Name

Student Signature

B-CU ID#

Date

(TO BE COMPLETED BY THE ALTERNATE INSURANCE COMPANY)

INSTRUCTIONS FOR INSURANCE COMPANY COMPLETING THIS FORM: Please read carefully the list of mandatory benefits. For items 1-10, state "yes" for every benefit not covered or does not meet the required amounts of coverage or exceeds the insured student's policy and "no" for benefits not covered or does not meet the required amounts of coverage. **Complete the questions, sign and date this form and give the completed form to the student or fax it to Student Health Service @ 386-481-2923 Attn: Insurance Claims Rep.**

1. _____ Coverage Period: 52 weeks of continuous coverage
2. _____ Basic Benefits: Room/Board, hospital services, physician fees, surgeon fees, ambulance, outpatient care, outpatient customary fees paid @ 80% of usual, customary, reasonable (UCR) charge after deductible is met.
3. _____ Inpatient Mental Health Care: 50% of the UCR fees with a minimum 30-day cap
4. _____ Outpatient Mental Health Care: 50% of the UCR paid with a minimum of \$100.00 cap
5. _____ Maternity Benefits: coverage
6. _____ Inpatient/Outpatient Prescription Medication: coverage
7. _____ Repartition: \$10,000 (coverage to return to student's remains to his/her native country)
8. _____ Medical Evacuation: \$10,000 (permits the patient to be accompanied by a provided or escort if directed by the physician in charge)
9. _____ Exclusion for Pre-Existing Conditions: first six months
10. _____ Minimum coverage: \$200,000 for covered injuries/illnesses per individual student

The insurance policy meets the minimum requirements as stated above: _____

I, _____ represent the Insurance Company listed above and certify the accuracy of information provided on this form.

Position: _____ Signature: _____

Date: _____

INTERNATIONAL STUDENT REQUIREMENTS

We will need the following information from international student before an I-20 can be issued:

- 1) A copy of a current passport Biography page/photo page and page 27
- 2) The ORIGINAL Declaration of Finance/Affidavit of Support form that we sent, with the Affidavit of Support notarized with the notary's seal and signature.
- 3) An original bank letter/statement stating balance in US Funds available for study in the US for a year

Once **original Declaration of Finance, Affidavit of Support and Bank letter/statement** is received and a copy of the biograph page and page 27 of the passport information, we will begin processing the I-20. We must have a current STREET DELIVERY ADDRESS as UPS will not deliver to a PO Box, etc.

If you are a new incoming freshman student, you may contact either Sherri G. Beltrami (386-481-2609, beltramis@cookman.edu) or Debbie Dionne (386-481-2611, dionned@cookman.edu). If you are a transfer student or a returning student, you may contact Iris Johnson-Quinn in Enrollment Management/International Services, 386-481-2171, johnsoni@cookman.edu.