

Submit your application and required documents to:  
[depaul@echigher.com](mailto:depaul@echigher.com)
**PART 1**

Enter the following information as it appears on your passport.

Last Name   
 Given (First) Name  Middle Name   
 Date of Birth     Male  Female  
 Country of Birth   
 Country of Citizenship

 Do you expect to come to the US:  Alone  With Spouse  With Children (under 21 years of age)

**Dependents (if applicable):**

<input type="text"/>	<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>	<input type="text"/>	<input type="text"/>
<i>Family (Last) Name</i>	<i>Given (First) Name</i>	<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Relationship</i>
<input type="text"/>	<input type="text"/>	<input type="text" value="MM / DD / YYYY"/>	<input type="text"/>	<input type="text"/>
<i>Family (Last) Name</i>	<i>Given (First) Name</i>	<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Relationship</i>

 Do you plan to:  Apply for an F1 visa at US Embassy/Consulate  Apply for a Change of Status within the US

 If you are currently in the US, what type of visa do you hold? 

If you are currently in the US on an F-1 visa, which school, college, university or institute issued your Form I-20?

Institution name   
 Institution address

**Address where your DePaul Form I-20 should be sent**

Street   
 City   
 State/Province  Postal Code   
 Country   
 Send to the above address until (date)  Telephone     
 Email

**Tuition and Estimated Living Expenses  
 Global Pathway Program (GPP) 2019-2020 Academic Year**
**TUITION ESTIMATED**

UNDERGRADUATE GPP PROGRAMS	3 Quarter	4 Quarter	5 Quarter	<b>ESTIMATED LIVING AND HEALTH EXPENSES</b> <b>\$15,600</b> a year (10 months)
Driehaus College of Business and College of Computing and Digital Media (CDM)	\$40,971	\$48,151	\$51,854	
GRADUATE GPP PROGRAMS	2 Quarter	3 Quarter		<b>ESTIMATED DEPENDENT EXPENSES</b> \$5,000 for the first dependent, \$4,000 for each additional dependent
Kellstadt Graduate School of Business	\$20,600	\$24,195		
College of Computing and Digital Media (CDM)	\$18,025	\$21,620		

**PART 2**

**DECLARATION OF FINANCIAL SUPPORT**

SOURCE OF FUNDS	AMOUNT ASSURED 1ST YEAR	REQUIRED DOCUMENTATION
Student's personal funds:	US \$ <input type="text"/>	<input type="checkbox"/> Copy of bank statement
Family support:	US \$ <input type="text"/>	<input type="checkbox"/> Sponsor's certification and copy of bank statement Name and relationship of family member(s): <input type="text"/>
Other support:	US \$ <input type="text"/>	<input type="checkbox"/> Sponsor's certification and copy of bank statement Name and relationship of sponsor(s): <input type="text"/>
DePaul University support:	US \$ <input type="text"/>	<input type="checkbox"/> Copy of award letter Type of award: <input type="text"/>
Government/agency support:	US \$ <input type="text"/>	Copy of letter or document from government/agency Name of organization: <input type="text"/>
<b>TOTAL SUPPORT</b>	US \$ <input type="text"/>	<small>This amount should add up to the tuition and estimated living expenses on page 1 of the Affidavit.</small>

**CERTIFICATION OF AGREEMENT BY STUDENT**

I understand that as a non-immigrant F1 student, I am expected to engage in full-time study at DePaul University. I certify that I have arranged for financial support for the duration of my studies at DePaul and have truthfully stated the financial arrangements above. I understand that by law I cannot expect to work to support my studies and that I cannot expect to receive financial aid after my arrival.

Student signature  Date

**CERTIFICATION OF AGREEMENT BY SPONSOR**

I certify that I, , am able and willing to provide financial support to  for the total amount of US \$  per year while she/he studies at DePaul University.

Sponsor's signature  Date

Sponsor's address

Telephone  COUNTRY CODE  AREA CODE  PHONE NUMBER

Fax  COUNTRY CODE  AREA CODE  PHONE NUMBER