



INTERNATIONAL STUDENT REQUIREMENTS

The following information is required prior to issuing the Form I-20:

- 1) A copy of a current passport Biography page/photo page and page 27
- 2) The **ORIGINAL** completed Declaration of Finances and Affidavit of Support form. The Affidavit of Support must be notarized (Notary must include seal, signature, and date).
- 3) An original bank letter/statement that reflects the balance in US Funds that available for ONE YEAR of study in the U.S.
- 4) Proof of Health Insurance that will cover health-related expenses while in the US. The Compliance Form and the Alternate Insurance Company Form needs to be filled out completely and **ORIGINALS** sent to the Office of Admissions. (www.internationalstudentinsurance.com)
- 5) The **ORIGINAL** Declaration of Finance, Affidavit of Support and Bank letter/statement, copy of Biographical/Photo page of Passport and proof of insurance will generate the Form I-20 process. Please include a current STREET DELIVERY ADDRESS as UPS will not deliver to a PO Box.
- 6) Please direct all questions and concerns relating to this process to the Office of Admissions / International Student (Sherri G. Beltrami 386-481-2609, beltramis@cookman.edu or Debbie Dionne 386-481-2611, dionned@cookman.edu) or the Office of Special Student Services, 386-481-2518, bcuintlstu@cookman.edu.

BETHUNE-COOKMAN UNIVERSITY

Declaration of Finances

You are required to certify that you will have the sum of \$ 28,282 (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	9,462.00
• Fees	970.00
• Books and Supplies**	800.00
• Personal Expenses	2,000.00
• Wellness Benefits***	1,206.00
	\$ 28,282.00

* 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.

International Student must demonstrate proof that a policy provides the mandated benefits and all costs incurred will be the responsibility of the student. This form should be submitted no later than the end of the drop/add date.

Failure to provide proof of the International Student Health Insurance will constitute non-compliance on behalf of the student.

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. _____ Repatriation: \$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: _____

THIS INFORMATION IS TO BE FILLED OUT BY THE INSURANCE COMPANY REPRESENTATIVE.

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

Position: _____

Signature: _____

Date: _____