



## INTERNATIONAL STUDENT REQUIREMENTS

The following information is required before 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 forms. **The Affidavit of Support must be notarized (Notary must include a seal, signature, and date).**
- 3) An original bank letter/statement, reflecting the funds available, in US DOLLARS, to pay the cost for ONE FULL YEAR of study. **Please note: If you receive a scholarship from Bethune-Cookman University, (Academic, Athletic, Band, Chorale), it is not GUARANTEED for your full course of study.**
- 4) Proof of Health Insurance that will cover health-related expenses while in the US. The Compliance Form and the Alternate Insurance Company Form are to be completed fully and **ORIGINALS** sent to The Office of Student Success & Retention Services/International Student Services. [bcuintlstu@cookman.edu](mailto:bcuintlstu@cookman.edu). Many students choose insurance obtained from International Student Insurance Company, ([www.internationalstudentinsurance.com](http://www.internationalstudentinsurance.com)). Insurance for Students can also be considered, ([www.insuranceforstudents.com](http://www.insuranceforstudents.com)) You are not required to use the Insurance Companies listed, however, you are required to obtain health insurance before arrival on campus.
- 5) The **ORIGINAL** Declaration of Finance, Affidavit of Support and Bank letter/statement, copy of the Biographical/Photo page of the 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 Student Success & Retention Services/ International Student Services (Debbie Dionne 386-481-2611, [dionned@cookman.edu](mailto:dionned@cookman.edu) or [bcuintlstu@cookman.edu](mailto:bcuintlstu@cookman.edu)).
- 7) **Once you have been accepted and received your I-20, you must pay the SEVIS I-901 Fee ([I-901 Fee Information](#)); Complete the DS-160, Online Nonimmigrant Visa Application, then make an appointment at the US Embassy to obtain your F-1 Visa.**

## Declaration of Finances

**You must certify that you will have \$ 27,990 (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 18 credit hours) * | \$ 13,844.00        |
| • Room and Board                    | 10,396.00           |
| • Fees                              | 950.00              |
| • Books and Supplies**              | 800.00              |
| • Personal Expenses                 | 2,000.00            |
| <hr/>                               |                     |
|                                     | <b>\$ 27,990.00</b> |

\* Tuition costs cover up to 18 credit hours per semester and tuition fees are subject to change. Students who exceed 18 credit hours will be charged \$576.80 per additional credit hour. Transportation, air, and ground are not included in this estimate.

\*\* Some academic programs of study have additional costs.

**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 the 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 is 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 Students must demonstrate proof that a policy provides the mandated benefits and all costs incurred will be the responsibility of the student. This form submission date is to be no later than two weeks before arriving on campus.

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 do 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

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

The insurance policy meets the minimum requirements as stated above: \_\_\_\_\_

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

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_