

Office of Admissions
BÁFinancial AidÁ
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O;asa° asc^AJ&@[|A;-AT as) asc^{ ^} 111 Sage Hall Ithaca, NY 14853

Telephone: 607.255.4526 E-mail: mba@johnson.cornell.edu www.johnson.cornell.edu

Required for I-20's

Declaration of Finances For International Students ONLY

All financial documents must be submitted in English and all funds shown must be in U.S. dollars. Conversion to U.S. dollars preferred.

Name as it appears on your passport: (Please print or type)	Family Name(s)	First Name	Middle Name (if applicable)	
Gender: □ M □ F				
Date of Birth: (Month/Day/Year):				
dome country address:				
Program Type: ☐ Two-Year IthacaMBA	☐ One-Year Ithaca MBA ☐ One-Y	/ear NYC Tech MBA Tsinghua MBA/FMBA Int	ernational Exchange Program	
Vill you participate in the English I		□ No		
Please note, participants must incl				
neet your educational and living ex he student.		sa) required for obtaining a nonimmigrant vis posed graduate study. Please note that additi		
Sources of funds				
Personal finances Name of Bank			US\$	
arents/Private Sponsor lame of Bank			us\$	
orporate Sponsor lame of Bank			US\$	
Sovernment Funds			US\$	
lame of Agency enclose a copy of official, signed award I	letter specifying your name, amount of	f funds available, and duration of the award)		
			US\$	
ohnson School Scholarship Enclose a copy of your award notification	n)			
otal Funds Available to Student			US\$	
Please attach official or copies of a	account statements to this form.	Statements must include your name or your	sponsor's name, the bank name, the d	ate, and the amount available
J.S. dollars if possible. Acceptable all documents in English.	e documents include bank certif	fication letters, bank statements for checking	and savings accounts, and statements	for securities. Please provid
//We certify that the information or	n this form is complete and accu	rate and that the funds will be provided, with	out restrictions, as indicated.	
Signature of parent or sponsor:			Date:	
Name:		Relationship to student:		
Address:				
certify that the information on thi university.	is form is complete and accurate	e. I also certify that I will subscribe to the univ	versity approved health insurance plan	unless exempted by the
pplicant's Signature:			Date:	
Country of Birth:		Country of Citizenshi	ip:	
Country of Permanent Residence:				

Will any dependen	ts accompany you to the United States?					
Yes No	Yes No					
(If "Yes", complete	Dependent Spouse and Children section below)					
Dependent Spouse	and/or Children:					
(1)Name		Date of Birth				
(Family	Name) (First Name)	(Month/Day/Year)				
Country of Birth:	Country of Permanent Residence:	Relationship to Applicant				
(2)Name		Date of Birth				
(Family	Name) (First Name)	(Month/Day/Year)				
Country of Birth:	Country of Permanent Residence:	Relationship to Applicant				
(2)Nome		Date of Birth				
(Family	Name) (First Name)	(Month/Day/Year)				
Country of Birth:	Country of Permanent Residence:	Relationship to Applicant				
I-20 Mailing Instruc	tions					
The approved I-20 f	orm will be shipped via Fed Ex to the home country address unless otherwise s	specified. The turnaround time for an I-20 is approximately two weeks fro	m the			
time it is received b	y our office. <u>If you want the I- 20 to be shipped to a specific address please make</u>	ke sure your account manager is aware of the new address or please indi	cate			

Dependents:

Please mail my I-20 to the following address (if not home country address)

Should you change your address following the submission of this form, please notify us as soon as possible. Any questions may be directed to our Office of Admissions & Financial Aid at mba@johnson.cornell.edu or 607.255.4526 or the Cornell University Office of Global Learning at international@cornell.edu or 607.255.5243.