

Office of Admissions & Financial Aid Samuel Curtis Johnson Graduate School of Management 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 pref	ierred.			
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):				
Hama asuutuu addussa.				
Home country address:				
Program Type: ☐ Two-Year IthacaMB	GA ☐ One-Year Ithaca MBA ☐ One-Ye	ar NYC Tech MBA □ Tsinghua MBA/FMBA □	International Exchange Program	
Will you participate in the English	n language program?	□ No		
• • •	clude additional asset documentation	_		
Before we can issue the I-20 (Cer	tificate of eligibility for Student Visa	a) required for obtaining a nonimmigrant	visa, we require complete documentation for dditional financial support will be needed if fa	
Sources of funds				
Personal finances			US\$	
Name of Bank				
Parents/Private Sponsor Name of Bank				
Number of Bulk				
Corporate Sponsor Name of Bank			US\$	
Nume of Bulk				
Government Funds Name of Agency			US\$	
(enclose a copy of official, signed award	d letter specifying your name, amount of fu	unds available, and duration of the award)		
			us\$	
Johnson School Scholarship (Enclose a copy of your award notificate	ion)			
Total Funds Available to Student			US\$	
bank name, the date, and	d the amount available in U		ust include your name or your spo able documents include bank certi its in English.	
I/We certify that the information	on this form is complete and accura	ate and that the funds will be provided, v	vithout restrictions, as indicated.	
Signature of parent or sponsor:			Date:	
Name:		Relationship to studer	ıt:	
Address:				
I certify that the information on t university.	his form is complete and accurate.	I also certify that I will subscribe to the	university approved health insurance plan un	less exempted by the
Applicant's Signature:			Date:	
Country of Birth:		0	nohin	
ooundy of Dirtil.		Country of Citize	nianip.	
——Country of Permanent Residence:				

Will any	dependents accompany yo	ou to the United States?		
☐ Yes	□No			
(If "Yes'	', complete Dependent Spo	use and Children section below)		
Depende	ent Spouse and/or Children	:		
(1)Name			Date of Birth	
_	(Family Name)	(First Name)	(Month/Day/Year)	
Country o	f Birth:	Country of Permanent Residence:	Relationship to Applicant	
(2)Name _			Date of Birth	
	(Family Name)	(First Name)	(Month/Day/Year)	
Country o	f Birth:	Country of Permanent Residence:	Relationship to Applicant	
(3)Name _			Date of Birth	
	(Family Name)	(First Name)	(Month/Day/Year)	
Country o	f Birth:	Country of Permanent Residence:	Relationship to Applicant	
I-20 Mail	ing Instructions			
The app	roved I-20 form will be ship	ped via Fed Ex to the home country address unless otherwise	specified. The turnaround time for an I-20 is approximately two	weeks from th
time it is	received by our office. If y	ou want the I- 20 to be shipped to a specific address please m	ake sure your account manager is aware of the new address or	please indicate
the addr	ess below.			
Please i	mail my I-20 to the following	g address (if not home country address)		

Dependents:

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.