

## **Graduate Declaration of Finances**

School of Computing and Data Science and School of Management

Wentworth is required by the United States Citizenship and Immigration Services to verify the financial resources of students prior to issuing a Certificate of Eligibility (Form I-20). Please complete this form and document your ability to meet the estimated educational and personal expenses for one academic year. This estimate is based on the three-course minimum per semester to maintain full-time student status, each course consisting of three credits at \$1,260 per credit. The estimate is for two semesters as summer courses are an optional added expense. Please note, on average the program will take two years. The amounts are listed in the chart below. You can read more about the financial documents we accept here.

Academic Year 2024-2025

**Tuition** 

Total:

**Housing & Meals** Health Insurance **School of Computing and Data Science** and School of Management

> \$22,680 \$20,000

\$2,289

	Health Historiance	Ψ2,209	
	Books/Supplies/Technology Fees	\$1,800	
	Personal Expenses	\$1,700	
	Personal Expenses  Total	\$48,469	_
Please complete	the following:		
Full name (as showr	n on passport)		
/ /	City of Dinth	_	
Date of Birth (mm/dd/)	City of Birth	Country of Birth	
bottom. Please ma	ow your finances are allotted and ake sure the total amount adds up the Scholarship:	o the amount indicated i	n the chart above.
Sponsor Funds: _			
Foreign Governme	ent:		
Loan:			

If you are supported by a sponsor, please have them fill out the information below.

This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at Wentworth Institute of Technology and that I (we) are submitting bank letters indicating availability of funds.

Sponsor #1 Name Printed	Date
Sponsor #1 Signature	
Sponsor #2 Name Printed	Date
Sponsor #2 Signature	
Sponsor #3 Name Printed	Date
Sponsor #3 Signature	
This is to certify that the information given on this form of my knowledge. I am fully aware that any false or mi automatic denial of admission.	
Student Name Printed	Date
Student Signature	