

# Wentworth

## Graduate Programs

### Graduate Declaration of Finances

#### Master of Architecture Program

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 18-credit per semester requirement for full-time students in the M. Architecture program of study, with the tuition rate of \$1,275/credit. Please note, your program may last longer than one year. The amounts are listed in the chart below. You can read more about the financial documents we accept [here](#).

<b>Academic Year 2025-2026</b>	
<b>Master of Architecture Program</b>	
Tuition	\$45,900
Housing & Meals	\$20,000
Health Insurance	\$1,943
Books/Supplies/Technology Fees	\$1,800
Personal Expenses	\$1,700
<b>Total</b>	<b>\$71,343</b>

**Please complete the following:**

\_\_\_\_\_

*Full name (as shown on passport)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Date of Birth (mm/dd/yyyy)      City of Birth      Country of Birth*

\_\_\_\_\_

*Country of Citizenship*

Please indicate how your finances are allotted and write in the total amount of funds at the bottom. Please make sure the total amount adds up to the amount indicated in the chart above.

Wentworth Merit Scholarship: \_\_\_\_\_

Personal Funds: \_\_\_\_\_

Family Funds: \_\_\_\_\_

Sponsor Funds: \_\_\_\_\_

Foreign Government: \_\_\_\_\_

Loan: \_\_\_\_\_

**Total:** \_\_\_\_\_

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 is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

\_\_\_\_\_  
*Student Name Printed*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature*