



University of Seychelles

Certificate of Finances for International Students

Use BLOCK LETTERS TO COMPLETE THE FORM

All students must be able to;

- 1. Prove financial ability to pay for at least one year of their academic and living expenses.
2. Indicate that they have funds available to cover all expenses for the duration of their program of study.

STUDENT'S DETAILS

Form fields for Student's Details including: First Name, Surname, Nationality, Married/Not married, Passport Number, Date of Birth, Gender, Telephone (Home, Mobile, Office), Personal e-mail Address, Program of study.

DEPENDENT INFORMATION (Required only if you will be accompanied by your spouse and / or children)

Table with 6 columns: Dependant's full name as it appears in the passport, Date of Birth (dd/mm/yy), Country of Birth, Country of Permanent Residence, Nationality, Relationship (husband / wife/ son / daughter). Contains 3 empty rows.

SOURCES OF FUNDS	Available funds (USD)	Projected funds (USD)			
		Year 1	Year 2	Year 3	Year 4
A: Personal (Funds from self) <i>Attachment: Recent Bank statement duly signed and stamped by the bank's official (Not older than 3 months from the date of application)</i>					
Bank Name:					
Bank Address:					
Account Name:					

SOURCES OF FUNDS	Available funds (USD)	Projected funds (USD)			
		Year 1	Year 2	Year 3	Year 4
B: Family (Funds from family members e.g. Parent, spouse, grandparent etc.) <i>Attachment: Recent Bank statement duly signed and stamped by the bank's official (Not older than 3 months from the date of application)</i>					
Name of family Member:					
Bank Name:					
Bank Address:					
Account Name:					
Family Members signature;					

SOURCES OF FUNDS	Available funds (USD)	Projected funds (USD)		
		Year 1	Year 2	Year 3
C: Individual Sponsor (Funds from other individuals) <i>Attachment: Recent Bank statement duly signed and stamped by the bank's official (Not older than 3 months from the date of application)</i>				
Name of individual sponsor:				
Sponsor's relationship to student;				
Bank Name:				
Bank Address:				
Account Name:				
Sponsor's Signature;				

SOURCES OF FUNDS	Available funds (USD)	Projected funds (USD)		
		Year 1	Year 2	Year 3
D: Government, Employer or other Organisation Sponsorship <i>Attachment: Copy of the official sponsorship letter</i>				
Name of Sponsor:				
Sponsor's Address:				
Sponsor's Phone Number:				
Sponsor's Email Address:				

	Year 1 USD	Year 2 USD	Year 3 USD	Year 4 USD
E: Total of funds from A,B,C and D				

CERTIFICATION

I certify that the above information and attachments are true and complete to the best of my knowledge. I understand that I am responsible for all the expenses related to my program of study at the University of Seychelles

Students Signature _____

Date _____

FOR OFFICIAL USE ONLY

This is to certify that I have reviewed this financial declaration and attached documents; I do / do not recommend issuance of a Student Permit.

Reviewers Name: _____

Post Title: _____

Signature: _____

Date: _____

Kindly Submit by:

Post: Student Registration & Admission Office
University of Seychelles, PO Box 1348, Mahe, Seychelles

Fax: (+248) 4371 695 **e-mail:** registrationofficer@unisey.ac.sc