FINANCIAL STATEMENT

To be completed by the financial institution:

Name of the institution: ____________________________________________________________

Address: ________________________________________________________________________

Date: __________________________________________________________________________

This is to confirm that Mr./Ms. _______________________________ (name of accountholder) currently has funds in excess of US$ ______ available at our institution on Account No. __________________________. If you have any additional questions, please contact __________________ (name of institution’s official) at __________________________ (phone number) or _____________________ (fax number).

Disclaimer: The information provided is strictly confidential. City University of Seattle understands that the funds may be withdrawn at any time and there is no implied liability on the part of the financial institution.

Stamp of Institution __________________________ Signature of Institution’s Official & Date

If applicable, to be completed by the sponsor:

This is to confirm that I, _________________________________ (name of sponsor), will sponsor __________________________ (name of student) for his/her studies in the US with a minimum amount of US$ ______/year.

____________________________
Relationship to the student

____________________________
Signature of Sponsor & Date

Please fax the statement to 206.239.4725 or mail it to City University of Seattle/International Student Office, 521 Wall Street, Suite 100, Seattle, WA 98121-1851, USA.