



521 Wall Street, Suite 100
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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 City University of Seattle understands that the funds may be withdrawn at any time and there is no implied liability on the part of the financial institution.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.**