



COLORADO CHRISTIAN UNIVERSITY

College of Adult and Graduate Studies

International Student Verification of Funds

Dear Student, U.S. Sponsor & Bank:

International Students are responsible for their full financial obligations and due to the high cost of college education it is important for all students to have adequate financial resources to succeed. It is especially important for international students who are not eligible for State or U.S. government aid. Colorado Christian University is committed to creating a positive and successful environment for students in their quest for knowledge and degree completion. Therefore to ensure that the student has the ability to financial support themselves and the program to which they have enrolled we request the student provide, to the College of Adult and Graduate Studies: proof of financial responsibility.

Tuition rates vary due to program choices, however the College of Adult and Graduate Studies program per credit cost for inseat courses ranges from \$500.00 to \$700.00 depending on the student's program. Other costs may include prior learning credit and testing fees. Books could also be an additional \$600-\$800 per term. These costs do not include costs of living in the United States during their studies. Thus, CAGS international students need to certify that they have access to minimum \$40,000.00 for tuition and for study at Colorado Christian University. Similarly, international students should understand that they are not allowed to work for the first year at Colorado Christian University and should plan to bring spending money with them.

Verification:

1. Provide official documentation from an American citizen guaranteeing payment of expenses.
2. Provide a personal bank statement showing adequate funding for tuition, fees and living expenses.
3. Provide official documentation from a Company or Group Sponsor.

See attached forms accompanying this letter. Please submit these forms to the Student Services Coordinator.

If you need assistance or have questions feel free to contact me at the following numbers.

Thank you,

Jeanna Turay

Student Services Coordinator
College of Adult and Graduate Studies
Colorado Christian University
Off: 303 963.3161 Fax: 303.301.8161
Email: CAGSstudentcoordinator@ccu.edu



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Student Name: _____ CAGS Site: _____

Address: _____ City: _____ Zip: _____

Country: _____ Passport No. _____

Phone: (____) _____ Email: _____

Academic Program: _____ Enrollment Counselor: _____

Date: _____ Signature: _____

The funds needed for proof of financial responsibility totals \$40,000.00. These funds can be a combination of personal and sponsorship monies. Documentation of all funds must be supplied to the University. Please attach official and signed bank statements and submit via fax, email or mail.

Student's Bank Information

(Please print except where signature is required)

Name of Bank: _____

Name of Bank Representative: _____

Title: _____

Address: _____ City: _____ Zip: _____

I certify that _____ has an account at _____ Bank,
of which I am a representative. I am attaching a copy of the latest bank statement dated _____ to
verify that these funds exist. The funds in this account total _____ USD.

Bank Signature: _____ Date: _____

Student Name: _____ CAGS Site: _____



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Address: _____ City: _____ Zip: _____

Country: _____ Passport No. _____

Phone: (_____) _____ Email: _____

Academic Program: _____ Enrollment Counselor: _____

Date: _____ Signature: _____

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Parent's/US Sponsor's Information

(Please print except where signature is required)

U.S. Sponsor Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Country: _____

Parent Sponsor: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Country: _____

Partnering Group or Company Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ ext: _____ Email: _____ Country: _____

Student Name: _____ Phone: _____



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Parent US Sponsor Sponsoring Group Company

Name of Bank: _____

Name of Bank Representative: _____

Title: _____

Address: _____ City: _____ Zip: _____

I certify that _____ has an account at _____ Bank, of which I am a representative. I am attaching a statement dated _____ to verify that these funds exist. The funds in this account total _____ USD.

Bank Signature: _____ Date: _____

Parent US Sponsor Sponsoring Group Company

Name of Bank: _____

Name of Bank Representative: _____

Title: _____

Address: _____ City: _____ Zip: _____

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Bank Signature: _____ Date: _____