O ce of Undergraduate Admissions PO Box 6001, Binghamton, New York 13902-6001 USA +1-607-777-2171, Fax: +1-607-777-4445 international@binghamton.edu, binghamton.edu/admissions

If a student visa is required to enroll, submission upon enrollment.

of the Interna tional Stude nt F inancial Statemen t and an official bank statement verifying a total o

f \$50,800 is require d

Please complete and return with required documentation.

Name of applicant:	\$\$\$	\$\$ /	\$\$\$\$\$ /	
	family/last name «	first name)	middle name
Permanent address in home of	ountry	\$\$\$	\$ \$	
. Major eld of study (see list of a	cademic o erings)			
. Birth date (month/day/year)		City of birth		
. Country of citizenship		Country of birth		
		him/her must document the followi ar year; each child: \$4,000 per cale		nember
U I plan to come without	dependents. nts will accompany me (list name	s and relationships):		

PART III: VERIFICATIONS Please be sure to sign and date this form. Did you check all applicable boxes and answer all questions?

Please retain a copy of this form and all attachments for your records. Please return this form with all additional documentation directly to: O ce of Undergraduate Admis sions, Binghamton University, PO Box 6001, Binghamton, New York 13902-6001 USA. Phone: +1-607-777-2171, Fax: +1-607-777-4445, Website: binghamton.edu/admissions, Email: international@binghamton.edu