



LYNN UNIVERSITY

3601 NORTH MILITARY TRAIL, BOCA RATON, FL 33431, USA

2012-2013 Source of Funding: Doctorate of Education Educational Leadership

Section I Applicant Information

Family Name:

Given Name:

Country of Birth:

Country of Citizenship:

Date of Birth(Month/Day/Year):

Telephone:

Fax:

Email:

Mailing Address:

Section II Source of Support in U.S. Dollars – Documentation required please see page 2

Please check all sponsors providing this funding:

<input type="checkbox"/> My own personal funds	USD\$
<input type="checkbox"/> Parent's and/or sponsor's funds (family, friend) Name and relationship to you:	USD\$
<input type="checkbox"/> Home government funds – Agency Name:	USD\$
<input type="checkbox"/> University award	USD\$
<input type="checkbox"/> Other- Please specify:	USD\$

Section III DEPENDENT INFORMATION

1. Will a spouse and/or child(ren) accompany you to Lynn University on your visa? Yes No
2. If so, you must add the following minimums to the total cost: Spouse: add \$6,000. Each child: add \$3,000.

Name (Family name, given name)	Date of birth (Month/Day/Year)	Country of birth	Relationship (Spouse, child)

ALL APPLICANTS MUST SHOW PROOF OF FINANCES

Please obtain an official letter from the bank or financial institution in which you, and/or your sponsor, have available funds. This letter should be written on official letterhead, in English, and signed by a bank official. This letter should state the date the account was opened, the currency type and specifically state an amount that is currently in the account. Bank letters dated more than two months from the date of submission to Lynn University are considered expired. If dependents will accompany you, please add the additional costs of your dependents.

PARENTS OR SPONSORS MUST ALSO PROVIDE A LETTER OF COMMITMENT

This letter must include your full name, the relationship between you and the sponsor, the amount and duration of their support, and the sponsor's original signature. The sponsor must include their telephone number and address.

ORGANIZATIONS(GOVERNMENT OR PRIVATE) SPONSORING

You must provide a letter of sponsorship on official letterhead with the organization's address, telephone and fax number, and the original signature and title of the responsible official. This letter should also include your full name, the specific dollar amount, and duration of their sponsorship. This certifies that the total amount of money that I have available for my first year of study at Lynn University (including funds for dependents if applicable) is USD\$_____, and the total amount available for each subsequent year of study is USD\$_____. I understand that I must provide documentation for the total amount below for my program of study. All documents are attached to this form. Further, I certify that the above information provided is correct and complete.

Signature of Student: _____ Date: _____

Section IV Program Costs 2012-2013 academic year for Ed.D. Students

Tuition and Fees	\$ 15,450.00
Living Expenses	\$ 12,000.00
Books/personal expenses/CISI health Insurance	\$ 2,571.00 (includes \$1,071.00 health insurance)
TOTAL	\$30,021.00

Payment

You must be prepared to pay a semester's tuition and fees in full at registration, including your housing if you plan to live in the Residence Halls at Lynn University. The figures above represent minimal costs of living on campus. Your personal experience may differ significantly. All of the figures are subject to change without notice.

Section V Additional Contact information

If you have a U.S. contact and address available to release your I-20 to or request additional documentation, please print the name, telephone and address below. You must also sign the release below.

Name of Contact:

Relationship to you:

Telephone:

Address:

I certify that I desire to have the above named person contacted in the event additional information is needed or to receive my I-20 document.

Signature of Student:

Date: