



Boston University Goldman School of Dental Medicine
Office of Admissions and Student Services
100 East Newton Street G-305
Boston, Massachusetts 02118 USA

**Financial Sponsorship for I-20 Purposes
International Dental Students Entering 2008
Based on ISSO Budget 2008-2009**

Student's Name _____

Student's Program Postdoctoral
 2-year Advanced Standing DMD
 4-year DMD

Sponsor's Name _____

Sponsor's Relationship to Student _____

This letter verifies that I, _____ ,
Sponsor's printed name

am willing and able to financially support _____
student/family

for academic fees and living expenses in the amount of (US \$) _____ *

throughout the duration of his/her studies at the Boston University Goldman School of Dental Medicine. Included with this letter is original, official documentation of available funds for at least the first year of enrollment, in English, including conversion of funds to USA dollars. It is the student's responsibility to document availability of additional required funds, if relevant.

Sponsor's Signature _____

Date Signed _____

ISSO financial documentation requirements for 2008/2009:

- **US\$ 76,650** (DMD programs)
- **US\$ 77,194** (Postdoctoral or Oral Surgery Resident Programs)

If a student is bringing dependents, additional sponsorship funds are required: add to the figure above US\$ 13,839 for the first dependent (spouse or child under the age of 21), or US\$ 19,528 for two dependents, plus US\$ 2,847 for each additional dependent.