

THIS ACCURATELY EXECUTED FORM IS REQUIRED FOR THE ISSUANCE OF FORM DS-2019.

Complete the FVF Parts I, III and IV in their entirety if:

- A portion of your financial support comes from a sponsor (parents, relatives, friends, employer, etc.)
- A financial document, such as a bank statement, is in the name of more than one person or entity.

Complete the FVF Parts I and IV in their entirety if:

- Your education and living expenses will be covered by personal funds, an education loan, or by a scholarship/assistantship from either Stevens or your home government. If this applies to you, please complete only Part I and Part IV of the FVF.

To submit the FVF:

- **SUBMIT** the form and proof of funds in the online application. Financial Documentation Guidelines can be referenced on our website: [Financial Documentation Requirements](#).

Part I: Personal Information (Completed by Student): Your full name on FVF form must match your Surname /Given name as it appears on your passport, in the same sequence.	
Family Name:	Given Name:
Date of Birth (MM/DD/YYYY):	Country of Birth:
Country of Citizenship:	City of Birth:
E-mail Address:	Phone (with country code):
Permanent Address in Home Country (include street name and number, city, province, postal code, and country):	

ISSUANCE OF THE FORM DS-2019 REQUIRES PROOF OF SUFFICIENT FUNDS THAT MEET TOTAL EXPENSES FOR THE FIRST ACADEMIC YEAR OF STUDY

Part II: Expenses for 2026-2027 Academic Year		
Estimated expenses for Exchange Program*	1 semester	2 semesters
Tuition and fees:	As established per Exchange Agreements between Stevens and Partner University	As established per Exchange Agreements between Stevens and Partner University
Living Expenses (estimated):	\$8,740	\$17,480
Health Insurance, Books, Supplies, and Lab fees if not covered under agreement* (estimated):	\$1,600	\$3,200
Total Expenses:	\$10,340	\$20,680

NOTES:

- *Estimated expenses for the 2026-2027 Academic Year are subject to change at any time by Stevens Institute of Technology. Visit the [graduate tuition and fees](#) page for a detailed breakdown.
- **Includes books and manuals and Lab fees. Stevens Medical Insurance can be waived, and alternative Medical Coverage can be purchased.

DEPENDENTS: You must submit evidence of additional funds for each dependent (spouse and/or minor children) accompanying you to the U.S. for the following amounts: \$4,500 for your spouse and \$3,600 for each child.

Additional documents required are:

- Copy of passport for each dependent
- Birth certificate for minor children
- Marriage certificate for spouse

All documents must be in English or accompanied by a certified English translation.

Part III: Sponsor Information and Certification (to be completed by all financial sponsors)

If your financial documents are under the name of more than one person, a separate FVF must be submitted for each sponsor listed on the documents. Name on financial document(s) must be an exact match to the name of the sponsor listed below. Submit financial document(s) with this form.

Sponsor's Full Name:

Relationship to Student (Parent, Spouse, Sibling, Friend, etc.):

Complete Residential Address (street name, city, province, postal code, country) required:

Phone Number (include country code):

Financial Support **in U.S. dollars** pledged by Sponsor (**required**): \$

Sponsor's Statement of Guaranteed Funding: I certify that funding in the amount indicated here will be available to support the student during their academic program at Stevens Institute of Technology.

Signature of Sponsor (**required**): _____ Date (mm/dd/yyyy): _____

Part IV: Student Certification

I, [given name/surname name] _____, attest that I have read and understood the information contained in the Financial Verification Form, that the information provided therein by me (the student) and by my sponsor is accurate and true, and that the funds are available without restrictions, and transferable to the U.S. to meet my financial obligations to Stevens Institute of Technology. Furthermore, I affirm that I am personally responsible for all costs associated with my education and living expenses.

Student Signature (**required**): _____ Date: (mm/dd/yyyy): _____

Contact information

*Submit questions related to issuance of Form DS-2019 to ISSS at cbergman@stevens.edu

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Submit all other questions/inquiries to the Office of International Programs.