ANDREWS ACADEMY
Estimated Budget–International Students

Student Applicant’s Name (Print) ___________ ID#

Visa Status:
☐ Immigrant/Permanent Resident ☐ Student Visa (F-1) ☐ Exchange Visitor (J-1)
☐ Other Specify: __________________________ Country of Citizenship ___________

Please complete your annual budget:

<table>
<thead>
<tr>
<th>Expenses for the Academic Year (Use the charge sheet provided)</th>
<th>2012-13</th>
<th>Resources (in U.S. dollars) (Must equal or exceed expenses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tuition and Fees</td>
<td>$ 8,150.00</td>
<td>1. Personal and/or family funds $</td>
</tr>
<tr>
<td>2. Books and Supplies</td>
<td>$ 500.00</td>
<td>2. Other Source: $</td>
</tr>
<tr>
<td>3. Housing and Living Expenses</td>
<td>$</td>
<td>3. Other Source: $</td>
</tr>
<tr>
<td>4. Accident/Sickness Insurance (estimated–A.U.)</td>
<td>$ 950.00</td>
<td></td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. International Student Deposit</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$</strong></td>
<td><strong>TOTAL</strong> $</td>
</tr>
</tbody>
</table>

IMPORTANT: A refundable International Student Deposit of $2,000 is required in order to complete your admissions process. The $2,000 will be placed in a deposit account in your name until you leave school.

FINANCIAL RESPONSIBILITY: The following statement MUST BE signed prior to acceptance.

I understand that all basic charges for each semester of attendance at Andrews Academy is payable in full at the time of registration for that semester and that all other charges, or upon approval, one-half of such charges, are due and payable upon registration for that semester with the balance to be paid by mid-term of that semester. I will be responsible for and do hereby agree to pay promptly all these charges. I understand that the terms are cash at the time of registration or at such times as approved by the school, and that if any charges remain unpaid thirty (30) days after I cease to be a student at the academy, a carrying charge of one percent (1%) per month will be added to all unpaid balances on my account. Andrews Academy holds a security interest in the nature of lien against the student’s transcript and other documents of record until the account is paid in full. I further agree to pay reasonable costs of collection, including attorney’s fees.

Parent or Guardian Signature: ___________________________date

Student Signature: ___________________________ Date __________

For value received, I or we, the undersigned, do hereby jointly and severally unconditionally guarantee unto Andrews University the prompt payment, when due, including any extended due date, of all charges and costs incurred by (student) ___________________________ at Andrews Academy. Notice of any extension of a due date is waived. The undersigned also waive notice of acceptance, notice of nonpayment, protest, and notice of protest with respect to the obligation covered until written notice of its discontinuance is served upon Andrews University and after such notice it shall continue in force and effect as to any unpaid charges then owed to Andrews University. The undersigned agree to pay reasonable costs and collection including attorney’s fees.

Guarantor’s Signature: ___________________________ Date __________

Guarantor’s Signature: ___________________________ Date __________

Please send your advance payment by check or bank draft, including the student’s name, to the following:
Student Finance Office, Andrews University, Berrien Springs, MI 49104 USA

OR by Inter-Bank Direct Wire Money Transfer–please give the wiring bank all of the following instructions:
Fifth Third Bank: Cincinnati, OH
ABA# 042000314, Andrews University, Account # 2112175
For Andrews Academy Student __________________________ Andrews Academy ID# (if known) __________

Revised March 27, 2012

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