

****This form is for International Citizens/Residents who graduated from a CODA accredited dental school.**

DECLARATION AND CERTIFICATION OF FINANCES

To be qualified for admittance into the Georgia School of Orthodontics, applicants must complete this form and return it with any appropriate attachments (explained below) to the School.

In filling out this form, please refer to the current enclosed itemization of estimated academic and living expenses. The funds which you certify as available to finance your study at the Georgia School of Orthodontics must equal, minimally, tuition, fees, and living expenses for the 36-month program. All submitted letters of support, from responsible persons, agencies or institutions, must specifically refer to the Georgia School of Orthodontics. Upon being granted an interview, you must return a signed Resident and Guarantor Payment Agreement.

1. Name: _____

Last First Middle

2. Home Address: _____

City	State or Province	Country
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3. What is your marital status? ☐ Single ☐ Widowed ☐ Married
☐ Divorced
 Number of children: _____

4. List below the persons financially dependent upon you:

Name	Age	Relationship	Will the person come to Georgia with you, join you later, or stay home?

5. How will you support your dependents if they will be joining you in Georgia?

6. What is your current total outstanding student debt amount? _____

SOURCES OF FUNDS**Support Amounts in U.S. \$**

CERTIFICATION IS REQUIRED AND MUST BE

ATTACHED TO THIS FORM.

ATTACHED TO THIS FORM.		Assured	Projected	Projected
Source	Certification Required	First Year	Second Year	Third Year
Personal or Family Savings	Official letter from bank giving account number and dollar amount	\$ _____	\$ _____	\$ _____
Parents, Relatives, Friends and/or Sponsors (please print name of each)	Official letter from bank giving account number and dollar amount	\$ _____	\$ _____	\$ _____
_____ _____				
Loans	Official letter of certification from lending institution	\$ _____	\$ _____	\$ _____
Name of Institution				
TOTALS*		\$ _____	\$ _____	\$ _____

*These figures represent the estimated total cost of attendance for the Georgia School of Orthodontics – Orthodontic & Dentofacial Orthodontic Residency Program for all three (3) Academic Years 2026 to 2029. Refer to attached expense sheet for breakdown.

I certify the information above is correct and complete.

Resident's Signature: _____ Date: _____
Handwritten Signature Only



COST OF ATTENDANCE SCHEDULE

	Actual	Projected	Projected
Academic Year	2026-2027	2027-2028	2028-2029
Tuition	\$167,155	\$167,155-\$172,168	\$172,168-\$177,333
Program Fees ¹	\$16,994	\$18,144	\$ 16,994
Estimated Living Expenses	\$25,000	\$25,000	\$25,000
Total Cost of Attendance	\$209,149	\$210,299-\$215,312	\$214,162- \$219,327

¹ Program Fees are subject to change annually.

* Residents are responsible for their own health insurance. Health insurance is required for enrollment in the program.

* Resident & Guarantor(s) acknowledge the obligation to pay the full tuition and program fees for the 36-month program, which is \$184,149-\$194,327 per year.