

****This form is for International Citizens/Residents who graduated from a non- 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 itemized list of estimated academic and living expenses below. The funds which you certify as available to finance your studies must equal the full cost of attendance (tuition, fees, and living expenses **for the entire 36-month program**) at minimum. All submitted letters of support, from responsible persons, agencies or institutions, must specifically refer to the Georgia School of Orthodontics. If your submitted documents include the financial information of a sponsor, you must return a signed Resident and Guarantor Payment Agreement (**with the signatures of any sponsors**) upon acceptance into the program

GSO COST OF ATTENDANCE SCHEDULE

	Actual	Projected	Projected
Academic Year	2027-28	2028-29	2029-30
Tuition	\$202,395	\$202,395-\$208,467	\$208,467-\$214,721
Program Fees ¹	\$14,494	\$15,644	\$14,494
Estimated Living Expenses	\$25,000	\$25,000	\$25,000
Total Cost of Attendance	\$241,889	\$243,039-\$249,111	\$247,961-\$254,215

¹Program 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 \$216,889 -\$229,215 per year.



ACCEPTABLE FORMS OF FINANCIAL DOCUMENTATION

1. Bank Statements

- Checking account statements
- Savings account statements
- Money market account statements
- Official bank letter verifying current balance
- Certificate of Deposit (CD) **only if matured or withdrawable without restriction**

Requirements:

- Dated within the last 30–90 days
- Clearly show account holder name
- Clearly show current balance
- In English (or accompanied by certified translation)

2. Official Sponsorship Letters

- Personal sponsor (family member or guardian) with:
 - Signed affidavit of financial support
 - Sponsor's recent bank statements
- Institutional sponsorship (hospital, government, foundation)
- Employer sponsorship letter (if applicable)

Must include:

- Specific dollar amount committed
- Duration of support
- Signature and contact information
- Official Letterhead

3. Sallie Mae Loan Documentation

- Official loan approval letter

Must show:

- Approved loan amount
- Student's name
- Lender information

4. Scholarship or Grant Award Letters

- Institutional scholarship award
- Government scholarship
- Private foundation award

Must show:

- Award amount
- Term of award
- Student's name

UNACCEPTABLE FORMS OF FINANCIAL DOCUMENTATION

(Non-liquid or Non-Accessible Assets)

These do **not** demonstrate immediate availability of funds.

1. Non-Liquid Assets

- Real estate equity statements
- Property deeds
- Home appraisals
- Land ownership documents
- Vehicle ownership titles
- Business ownership documents
- Retirement accounts (401(k), IRA) unless fully liquid and withdrawable without restriction
- Investment portfolios without proof of liquidation capability

2. Future or Projected Income

- Offer letters for future employment
- Pay stubs projecting future earnings
- Tax returns without current balance verification

- Estimated business income
- Projected commission statements
- W-2's

3. Conditional or Unverified Documents

- Screenshots of bank apps (unless officially stamped or verified)
- Incomplete bank statements
- Undated statements
- Letters stating intent to support without financial evidence
- Cryptocurrency holdings

4. Lines of Credit Not Yet Approved

- Pre-qualification letters
- Credit card limits
- Unapproved loan applications



International Citizens/Residents

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

1. Name: _____
Last First Middle

2. Home Address: _____

_____ City State or Province Country

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? _____



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FUNDING DOCUMENTATION

- CERTIFICATION IS REQUIRED AND MUST BE ATTACHED TO THIS FORM
- SUPPORT AMOUNTS MUST BE IN U.S. \$

<u>Source</u>	<u>Certification Attached</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Total</u> / \$745,215

* This figure represents 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: _____