

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 2025 to 2028. Refer to next page for cost of attendance breakdown.

I certify the information above is correct and complete.

Resident's Signature: _____ Date: _____

Handwritten Signature Only



GSO COST OF ATTENDANCE SCHEDULE

	Actual	Projected	Projected
Academic Year	2025-26	2026-27	2027-28
Tuition	\$112,875	\$118,518- \$124,163	\$124,445-\$136,579
Program Fees ¹	\$16,994	\$18,144	\$16,994
Estimated Living Expenses	\$25,000	\$25,000	\$25,000
Total Cost of Attendance	\$154,869	\$161,663-\$167,307	\$166,439-\$178,573

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 \$129,869-\$153,573 per year.