

FINANCIAL STATEMENT

For International Student Application

IMPORTANT: RETURN THIS WITH YOUR APPLICATION FOR ADMISSION.

FAILURE TO RESPOND TO ALL QUESTIONS, REQUIREMENTS, AND BLANKS WILL DELAY THE PROCESS OF ADMISSION.

- Admission will be denied if student indicates insufficient amount of support to cover cost.
- The ESTIMATED cost of attending SMSU for a school year is approximately \$22,500. Verification of an additional \$4,000 is needed if you are bringing a spouse/first dependent and \$2,000 for each additional dependent.
- The U.S. Federal Regulations require that admission decisions be based on academic acceptance and evidence of adequate funds to meet college expenses for the first year and for the entire period you plan to study in the United States.
- There is no financial aid and very limited on-campus work opportunities for students holding student visas (F-1). You are not permitted to work full-time during the nine-month academic year. Dependents of F-1 visa holders, having an F-2 visa, are never permitted to work.
Your chances of working on campus the first year are low; not all students who are looking for work will get a job.
Please understand that your sponsor must be willing to cover your expenses for the entire two/four years.
- The lack of adequate financial resources, as stated above, will jeopardize your status as a student in the U.S.
- Please be aware that tuition should be paid in full by the university deadline or your classes can be canceled. You are required to pay \$2,500 as down payment during orientation before you can enroll for classes.

All areas must be signed and all appropriate sections must be completed or the form will be returned to the student for completion.

APPLICANT'S NAME _____
(Last or Family Name) (First or Given Name) (Middle Name)

PLEASE INDICATE THE SOURCES OF FINANCIAL SUPPORT AND AMOUNT YOU ANTICIPATE RECEIVING IN U.S. DOLLARS

- Personal (student) Resources:
(Original bank statements must be enclosed to verify amounts.) U.S. \$ _____
- Parent or Sponsor Resources:
(Official Certification Form and original bank statement must be enclosed)
PARENT OR SPONSOR MUST SIGN ON SIDE 2 OF THIS FORM U.S. \$ _____
- Government Scholarship:
(A signed copy of your letter of award must be enclosed.) U.S. \$ _____
- Other Sources:
(Please specify and provide signed affidavits from authorized persons or agencies.) U.S. \$ _____

U.S. \$ _____

U.S. \$ _____

*Total funds available should be equal to or higher than \$22,500 the estimated cost of attending Southwest Minnesota State University for a calendar year (tuition, room and board, health insurance, books, and other fees).

***Total (required)** U.S. \$ _____

-Please Turn Over-



Please email form to:
Center for International Education
1501 State Street ■ Marshall, MN 56258
CIE@smsu.edu ■ smsu.edu/admission/international

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS

and amounts from parents or sponsor

PARENT OR SPONSOR: Please fill out information below.

I certify with my signature that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

(Name of parent, relative, sponsor)

(Relationship to applicant)

(Street and Number)

(City)

(State/Country)

(Zip)

Are you sponsoring any other student currently studying in the U.S.? Yes No

If yes, student's name (please print): _____

School student is attending: _____

(SIGNATURE OF PARENT, RELATIVE, OR SPONSOR)

(DATE)

(SIGNATURE OF NOTARY PUBLIC/LEGAL ADVOCATE)

(DATE)

Stamp for Notary Public
or Legal Authority

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

APPLICANT: Please provide the REQUIRED information below, BOTH spaces for U.S. dollar amounts must be filled in. The signature and date must be provided as well.

*I certify with my signature that the total amount of money that I have for my first year of study at Southwest Minnesota State University is \$_____
(including funds for spouse and children, when applicable), and the total amount available for each subsequent year of study is \$_____. Further, I certify
that the information provided is correct and complete and that I shall notify Southwest Minnesota State University of any change in my financial circumstances.
I understand that inaccurate information can be cause for terminating enrollment at Southwest Minnesota State University.*

(SIGNATURE OF STUDENT)

(DATE)

IF APPLICABLE, LIST ANY DEPENDENTS (SPOUSE OR CHILDREN) WHO WILL BE ACCOMPANYING YOU AND WHO SHOULD BE INCLUDED ON YOUR 1-20:

Name (last name, first name)

Relationship to you

Birthdate

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____