



FINANCIAL STATEMENT FOR INTERNATIONAL STUDENTS ON F VISAS

PLEASE NOTE: *It is your responsibility to demonstrate that sufficient funding is available to meet all university expenses. An I-20 cannot be issued without this form and supporting documentation. (If you have more than one sponsor, each must be identified and a separate financial statement must be submitted). Please keep copies of all financial documents as you will need them to show proof of funding to U.S. Consular officials when you apply for a visa and when you enter the U.S.*

1. Student Name: _____
(PLEASE USE NAME AS IT APPEARS ON YOUR PASSPORT) FAMILY (SURNAME) FIRST (GIVEN) MIDDLE

2. Date of Birth: ___/___/___ (mm/dd/yyyy) **Citizenship:** _____

4. Country of Birth: _____ **City of Birth:** _____

5. Source of Funds: Please identify the source(s) and amount of funds available. All funds pledged in sponsorship of a student must be verified by a supporting bank letter which must include an account number, account type, the amount in U.S. currency, and be signed and dated by a bank official. The name of sponsor(s) must be on the bank statement.

TYPE OF SPONSORS	AMOUNT
Self-Sponsored – Complete the form below indicating yourself as the sponsor.	U.S. \$
Family Funds – The sponsor must complete the form below.	U.S. \$
Company Sponsored – Submit a letter on an official letterhead from sponsor that includes student’s name and indicates in detail which costs (tuition, fees, room, meals, etc.) will be provided.	U.S. \$
Other (specify) – The sponsor must complete the section below. Submit a current bank statement verifying that the amount is available.	U.S. \$

6. Sponsor: This section must be completed and signed by the sponsor. A bank statement including the sponsor’s name must be included.

NAME OF SPONSOR (PRINT) RELATIONSHIP OF SPONSOR TO APPLICANT

This is to certify that I, the sponsor, _____ will provide funds in the amount of at least U.S. \$ _____ plus any increase due to inflation, per academic year (9 mos.) for tuition, fees, living expenses, and insurance for _____.

Sponsor’s signature: _____ Date: _____

To be signed by student: I certify that the statements given by me in this form are complete and accurate. Furthermore, should my source of funding, as specified above, be interrupted or stopped. I understand that I remain responsible for all financial obligations.

Signature of Student: _____ Date: _____

2016 - 2017 ESTIMATED COSTS	UNDERGRADUATE (12 credits/semester)	GRADUATE (9 credits/semester)	CULINARY STUDENTS	ALI INTENSIVE ENGLISH PROGRAM
Tuition	\$18,100	\$13,100	\$23,500	\$7,000
Fees	\$4,300	\$4,800	\$2,400	\$2,370
Room and Board	\$12,000	\$12,000	\$15,900	\$12,000
Books and Insurance	\$4,000	\$4,000	\$7,700	\$2,000
Total (without dependents)	\$38,400	\$33,900	\$49,500	\$23,370

International Student Dependent Information

Please complete the following section to obtain an I-20 or DS-2019 form to bring your **spouse and/or dependent children** to the US. **Parents or other relatives are NOT eligible.** The OIE will issue an I-20 or DS-2019 for a fiancé(e), but keep in mind that in order to obtain a dependent F-2 or J-2 visa, your spouse will need to demonstrate proof of the marriage during the visa interview. Dependent children must be unmarried and under 21 years of age. You must demonstrate the ability to support your dependents by providing **proof of additional funding (\$38,400 + \$5,000 for a spouse and/or \$3,000 for each child)** in addition to the funds used to cover your tuition, fees, and living expenses. This amount must be shown regardless of the length of time your dependent(s) will stay in the US.

First Dependent:

Family Name (Surname): _____ First Name (Given Name): _____

Date of Birth: ___/___/____ (mm/dd/yyyy) Gender: Male Female Relationship: Spouse Child

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Second Dependent:

Family Name (Surname): _____ First Name (Given Name): _____

Date of Birth: ___/___/____ (mm/dd/yyyy) Gender: Male Female Relationship: Spouse Child

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Third Dependent:

Family Name (Surname): _____ First Name (Given Name): _____

Date of Birth: ___/___/____ (mm/dd/yyyy) Gender: Male Female Relationship: Spouse Child

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Undergraduate applicants – scan and email to: Admissions-inquiry@iup.edu
or mail to: IUP Undergraduate Admissions Office, 117 Sutton Hall, 1011 South Drive, Indiana, PA 15705

Graduate applicants – scan and upload to your IUP application

American Language Institute applicants – scan and email to: ALI-programs@iup.edu