



This original confidential financial certification form **must** be completed and submitted along with supporting financial documents and **a copy of the student's and any dependents' passports** before a Form I-20 or DS-2019 will be issued. If you have any questions about completing this form contact MSU International Services Office:

Telephone (662) 325-8929, Fax (662) 325-8583, E-mail: international@msstate.edu

**Part I: Estimated Expenses for International Exchange Students**

**2017-2018 ESTIMATED EXPENSES**

Below are the 2017-2018 estimated annual expenses for international exchange students. Your supporting financial documents must total \$18,151 if you are an undergraduate student or a graduate student. If you are married and your spouse and/or children are accompanying you to the U.S., you must show an additional \$3,850 for your spouse and an additional \$3,850 for each dependent child.

Per Academic Term	1 Semester	2 Semesters
Administrative Fees	\$300.00	\$600.00
Living Expenses	\$9,065.00	\$18,130.00
<b>TOTAL</b>	<b>\$9,365.00</b>	<b>\$18,730.00</b>

Fees are subject to change without notice. You may be required to enroll in additional credit hours per semester depending on your program schedule. Please check with your academic department on enrollment requirements. Administrative fees are composed of a \$100 international student fee and a \$200 exchange student fee. Tuition is to be paid at your home university and is not included in the above estimated expenses. Funding requirements will vary for students that have been offered an assistantship. Living expenses are calculated based on the Cost of Attendance as determined by the Office of Financial Aid, found here: <http://www.sfa.msstate.edu/cost/>

**Part II: General Information**

MSU Student ID:

Name of Home Institution:

Admission for Semester:    Fall        Spring        Summer

Degree Level Admitted for:        Bachelor        Master        Doctorate

**Part III: Personal Information**

Surname/Primary Name:

Permanent Foreign Mailing Address:

Given Name:

Gender:        Male        Female

Date of Birth:        /        /  
                         mm        dd        yyyy

Country of Birth:

Country of Citizenship:

**Mailing of I-20/DS-2019: Your documents will be express mailed via DHL to your home university once the documents are completed.**

Home Institution Mailing Address:

Street:

City:

State:

Zip Code:

### Part IV: Dependent Information

If you will be accompanied by your spouse and/or children (under 21 years old) on an F-2 or J-2 visa, you are required to demonstrate your financial ability to support them. The additional cost of supporting a dependent is \$3,850 per year per dependent. Please provide us with the information below regarding your dependents. **Please attach a copy of each dependent's passport to this form.**

Dependent's full name as it appears in the passport:		Date of Birth (mm/dd/yyyy)	Country of Birth	City of Birth (J2 only)	Citizenship	Relationship (husband/wife; son/daughter)
(Surname/Primary Name)	(Given Name)					

I do not plan to bring any dependents with me at this time

### Part V: Funding

SOURCES OF FUNDING	AMOUNT IN US DOLLARS
<b>PERSONAL</b> <i>(Funds from self and private loans)</i> Name of Bank: _____ City & Country of Bank: _____	\$
<b>FAMILY</b> <i>(Funds from immediate family members: parents or spouse)</i> Name of Account Holder: _____ Relationship to Student: _____ Name of Bank: _____ City & Country of Bank: _____ <b>Family Member's Signature*:</b> * I have read the estimated budget for an international student. I agree to support the student named above for the duration of enrollment for the amount indicated. I understand that tuition and fees are subject to change without notice.	\$
<b>INDIVIDUAL SPONSOR</b> <i>(Funds from other individuals or extended family members)</i> Name of Sponsor: _____ Relationship to Student: _____ Name of Bank: _____ City & Country of Bank: _____ <b>Individual Sponsor's Signature*:</b> * I have read the estimated budget for an international student. I agree to support the student named above for the duration of enrollment for the amount indicated. I understand that tuition and fees are subject to change without notice.	\$
<b>GOVERNMENT, EMPLOYER, OR OTHER ORGANIZATION</b> <i>(Attach a signed copy of your official sponsorship letter.)</i> Name of Organization: _____ Type: <i>(CHECK THE BOX BELOW)</i> <input type="checkbox"/> U.S. Government <input type="checkbox"/> Employer <input type="checkbox"/> Company <input type="checkbox"/> International Organization <input type="checkbox"/> Home Government	\$
<b>SCHOLARSHIPS (Undergraduate Students Only)</b> <i>Must attach a signed copy of your award letter.</i>	\$
<b>GRADUATE ASSISTANTSHIP</b> <i>(Must attach a signed copy of your offer letter. Please indicate in the dollar amount, the total amount of your stipend. We will calculate the tuition waiver based on your specific assistantship. If extra funding is required, we will contact you by email)</i>	\$
<b>LIST ADDITIONAL SOURCES OF FUNDS</b>	\$
<b>TOTAL</b> <i>(Must be equal to or greater than the estimated expenses for one year in your program of study and those related to supporting dependents if any. See Part I for estimated cost of attendance.)</i>	\$

I have read the estimated budget for international students, which appears above. I understand that if I cannot meet my financial obligation my enrollment at Mississippi State University may be terminated. I certify that the information submitted on this form is complete and accurate, and I understand that submission of inaccurate information in this declaration can be considered sufficient cause for terminating my application or enrollment at Mississippi State University.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_