

AFFIDAVIT AND SUPPORTING DOCUMENTS MUST BE DATED WITHIN 12 MONTHS OF INTENDED DATE OF ENROLLMENT

United States Citizenship and Immigration Service (USCIS) regulations require documentation that sufficient financial resources are available to meet an International student's prospective educational and living expenses while in the U.S. All students, who need a Form I-20 (for F-1) or DS-2019 (for J-1) must provide financial documentation (dated within 1 year) to show sufficient available funds to cover his/her expenses equal to or greater than the estimated minimum yearly cost of attendance (for I-20 issuance) or estimated minimum cost for the entire period of study (for DS-2019 issuance). Estimated costs are shown below for fall and spring (based on 9 credit hours per semester) and for summer (based on 6 credit hours) at Kansas State University for students not receiving an assistantship. These are subject to change without notice. You must show you have funds that meet the minimum total. To review the comprehensive fee schedule please see details at <http://www.k-state.edu/pay>.

<u>Estimated Costs</u>	<u>Fall and Spring Semesters</u>	<u>Summer Term</u>
Tuition and Fees	\$9,936	\$3,378
Expenses (room, board, medical insurance, food, etc.)	\$14,230	\$4,743
Books and Supplies	\$712	\$356
Total	\$24,878	\$8,477

Total estimated cost if starting in spring or fall \$24,878* **Total cost if starting in summer \$33,355***

***If bringing dependents: add additional amounts for a dependent spouse or child of \$8,000 for first dependant and \$6,000 for each additional dependant.
 If sponsored student: add third party fee (i.e. government supported, Fulbright, IIE, etc.) of \$200 per semester (\$600 for 12 months).**

Section 1: Applicant's Declaration

I am starting in the **spring** or **fall** term OR I am starting in the **summer** term.

I understand I must show I have the minimum estimated total for my fees and living expenses during my graduate studies and that the actual costs may vary. I understand the Kansas Board of Regents requires that all international students admitted to Kansas State University provide evidence of health insurance. Kansas State University strongly recommends purchasing health insurance for any dependents that accompany me.

My signature certifies that all information provided on this form is complete and accurate, and that I am responsible for all expenses for myself and any dependents. Kansas State University is not required to provide financial assistance or employment. In the event financial assistance/employment is awarded, I understand that continued support (beyond the first year) is contingent on many factors, including maintaining satisfactory progress in a degree program and on availability of departmental funding. In the event departmental support is not continued, I understand it will be necessary that I provide my own financial support.

Applicant's signature _____ **Date** _____

Applicant's Name:
 (please print)

Family Name Given Name Middle Name

Major Field of Study: _____

I plan to bring the following dependents with me (PLEASE SPECIFY HUSBAND, WIFE, SON OR DAUGHTER - attach additional page if needed):

Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant (son/daughter/wife/husband)
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
Family Name	Given Name	Middle Name	Date of birth (Mo/Day/Yr)	Relationship to Applicant (son/daughter/wife/husband)
City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	
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City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Legal Residence	

I do not have personal funds available to me for the period of study at Kansas State University.

OR

I have the following funds (in U.S. dollars) available to me for the period of study at Kansas State University.

1. Personal funds amount (*please complete Section 3*) \$ _____
2. Family funds amount (*please complete Sections 2 and 3*) \$ _____
3. Scholarship/fellowship (provide dated award letter) from: _____ \$ _____
4. Other (sponsor statement/letter with current date) from: _____ \$ _____
5. Total amount (see page 1 for total estimated costs): \$ _____

Section 2: Financial Sponsor's Declaration (Family Members and Others)

IF MORE THAN ONE SPONSOR, PLEASE COPY THIS FORM AND HAVE EACH SPONSOR SIGN AND COMPLETE IT.

As an international student, you can have more than one financial sponsor. You can be your own sponsor as well. *However, your sponsor cannot be someone who is holding an F-1 or J-1 non-immigrant student status in the U.S.* **Each of your sponsors must complete and sign the Affidavit of Support.** The Affidavit of Support must be accompanied by financial support documentation as outlined below.

Sponsor's name: _____ Relationship to applicant: _____

Sponsor's immigration status if living in U.S.A.: _____

Address: _____
Street

City

State/Zip Code

Country

Area code and telephone number (if in U.S.) _____

I hereby guarantee without reservation to provide financial support for (name of applicant) _____ for educational costs and living expenses **in the amount of US\$** _____ as required for the first year and each subsequent year while this student is enrolled at Kansas State University. I realize that I am fully responsible, and will be held accountable by the university, for maintaining the terms of this declaration.

Signature of sponsor _____ Date _____

Section 3: Documentation (Applicant and Each Sponsor)

Please provide documentation along with this form that meet these criteria.

- Documentation must be in English. If documents are not translated by the issuing organization, you must provide original documents in addition to the translated documents and a signed certification of translation.
- Available funds must be easily accessible (i.e. checking or savings account from which funds can be immediately withdrawn).
- Bank/financial statements must indicate available amount available and currency (e.g. USD, YWD, CNY, EUR). If currency is not indicated, we will assume the currency of the local banking institution.
- Documentation should be a brief summary (few pages at most) and not list multiple pages of personal expenses.
- The documentation must show funds are available prior to arrival to campus.
- Clear and legible copies, screenshots, web printouts and official copies are acceptable provided the financial institution logo/seal/etc. are identifiable, and that the documentation shows the account holder name, date, and available amount as a numerical value.
- Where financial statements are in the name of an account holder other than the applicant, the account holder name must match the name of the sponsor in section 2 of this form. All account holders listed on the statement must sign an affidavit.
- Documents must be dated within past 12-months.

Acceptable types of funding source documentation:

- Bank statement from checking, savings, certificate of deposit.
- Bank letter on letterhead, identifying the account holder, the date of the current balance, and the current available balance.
- Scholarship or sponsorship letter including the following details: student name, amount of funding (or covered expenses: i.e. tuition/fees, living, health insurance, monthly stipend), dates of award, and specifies attendance at Kansas State University.
- Educational bank loan - the document must indicate amount and dates funding will be disbursed.
- Company/Business accounts - must be accompanied by bank documentation to verify sole proprietorship.
- Employer statement of funding support – must state your name, include the amount or covered expenses (i.e. tuition/fees, living, health insurance, monthly stipend), dates of funding support, and specify attendance at Kansas State University.
- Graduate Assistantship letter (internal K-State assistantship form).

NOT acceptable items include:

- Transaction Statements/ATM slips
- Property value assessments such as valuation of house, car, etc.
- Retirement plans, stocks, bonds, or investment accounts
- Employment statement or salary statement