

CERTIFICATION OF FINANCIAL SUPPORT FOR INTENSIVE ENGLISH STUDENTS

SECTION A: INSTRUCTIONS

This document is for all students on F-1 and J-1 visas at Wichita State University. Each section of this Certification of Financial Support must be completed and signed where appropriate. Incomplete certifications will not be accepted. **If the student has more than one sponsor, a separate form must be completed by each sponsor.** If you have multiple sponsors, you may print additional forms at: <http://www.wichita.edu/FS-IE>. The total amount of funding from all sponsors must be at least US\$24,509 (plus more for any dependents that accompany the student to the U.S.).

SECTION B: STUDENT CONTACT INFORMATION

Family/Last Name: _____ Given/First Name: _____
 Middle Name: _____ ID Number (if known): _____
 Date of Birth (MM/DD/YYYY): _____ E-mail: _____

SECTION C: ESTIMATED EXPENSES FOR TWELVE MONTHS OF STUDY

Estimated Expenses for the Student		Expenses for Dependents Accompanying the Student (If Applicable)	
Tuition and Fees	US\$14,714	Spouse	US\$_____ (US\$3,000 for the student's spouse)
Housing and Meals	7,714	Dependents	US\$_____ (US\$2,000 for each dependent)
Books	1,000		
Medical Insurance	1,081		
Total Student Expenses	US\$24,509	Total for Spouse and Dependents	US\$_____

SECTION D: SPONSORSHIP INFORMATION (REQUIRED)

I agree to pay the "Amount of Sponsorship" as listed below for the student named in this document. The money I pay will be used for the student's educational expenses at Wichita State University. I understand that my failure to pay will result in the student not being allowed to attend classes nor being permitted to live in a university residence hall. I also understand that the student's failure to pay and enroll in a full course of study each semester is a violation of the law and may negatively affect the student's immigration status in the U.S. By signing below, I agree to and understand the above statements.

- Name of Sponsor (Required): _____
- Source of Sponsorship (Required): Parent or Family Member Personal Funds of Student
 Government Agency, Institution, or Other Source Scholarship from a source other than Wichita State University
- Amount of Sponsorship (Required): US\$_____ of the total US\$24,509 (plus the amount for any dependents) required for study each year
- Sponsor's Signature (Required): _____ Date _____

SECTION E: VERIFICATION BY BANK, GOVERNMENT AGENCY, OR INSTITUTION (REQUIRED)

In reference to the amount listed for "Amount of Sponsorship" in the above section, I certify that the sponsor has that amount of money on deposit (or available for use in another way such as an educational loan or scholarship) at our bank, government agency, or institution. This certification implies no responsibility on the part of the bank that is completing the section below.

Name of Bank/Agency/Institution: _____
 Bank/Agency/Institution Address: _____
 Web Address: _____
 Name and Title: _____
 Signature _____ Date: _____

STAMP OR SEAL OF THE BANK,
GOVERNMENT AGENCY OR INSTITUTION

SECTION F: MAILING INSTRUCTIONS

Please send this document to the address below. The Certification of Financial Support must be mailed. **Certifications sent by fax or e-mail will not be accepted.** Please mail to:

Office of International Education
 Wichita State University
 1845 Fairmount Street
 Wichita, Kansas 67260-0122 USA

telephone: (316) 978-3232

INFORMATION ABOUT DEPENDENTS ACCOMPANYING THE STUDENT TO THE U.S.

Please complete this form if your spouse or children will accompany you to the U.S.

Name of Student: _____
Family/Last Name
Given/First Name

Wichita State ID Number (if known): _____

E-mail Address of the Student: _____

Name of Dependent (as listed in passport)		Date of Birth	Country of Birth	Country of Citizenship	Relationship to Student
Family/Last Name	Given/First Name	mm/dd/yyyy			(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	mm/dd/yyyy			(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	mm/dd/yyyy			(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	mm/dd/yyyy			(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	mm/dd/yyyy			(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	mm/dd/yyyy			(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	mm/dd/yyyy			(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	mm/dd/yyyy			(Spouse/Son/Daughter)

Please return this form with your Certification of Financial Support (or send it separately) to:

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Wichita, Kansas 67260-0122 USA**

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