

# CERTIFICATION OF FINANCIAL SUPPORT FOR INTERNATIONAL UNDERGRADUATE OR INTENSIVE ENGLISH STUDENTS

## SECTION A: INSTRUCTIONS

This document is for 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.** The total amount of funding from all sponsors must be at least US\$23,936 for undergraduate study or US\$24,509 for study in Intensive English. Additional funding will be needed for any dependents that accompany the student to the U.S.

## SECTION B: STUDENT CONTACT INFORMATION

Family/Last Name: \_\_\_\_\_ Given/First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ WSU ID Number (if known): \_\_\_\_\_  
 Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION C: ESTIMATED EXPENSES FOR TWELVE MONTHS OF STUDY

	Estimated Expenses		Expenses for Dependents Accompanying the Student (If Applicable)	
	Undergraduate	Intensive English		
Tuition and Fees	US\$14,241	US\$14,714	Spouse	US\$_____ (US\$3,000 for the student's spouse)
Housing and Meals	7,714	7,714	Children	US\$_____ (US\$2,000 for <b>each</b> child)
Books	900	1,000		
Medical Insurance	1,081	1,081		
<b>Total Student Expenses</b>	<b><u>US\$23,936</u></b>	<b><u>US\$24,509</u></b>	<b>Total</b>	<b><u>US\$_____</u></b>

## SECTION D: SPONSORSHIP INFORMATION (MUST BE COMPLETED)

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.

- 1) Name of Sponsor (Required): \_\_\_\_\_
- 2) 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
- 3) Amount of Sponsorship (Required): US\$\_\_\_\_\_ of the total estimated minimum of US\$23,936 required for study. Any amount listed for spouse and dependents in Section C must also be included in the total amount of sponsorship.
- 4) Sponsor's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION E: VERIFICATION BY BANK, GOVERNMENT AGENCY, OR INSTITUTION (MUST BE COMPLETED)

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 email 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

WSU 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	dd/mm/yyyy	_____	_____	(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	dd/mm/yyyy	_____	_____	(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	dd/mm/yyyy	_____	_____	(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	dd/mm/yyyy	_____	_____	(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	dd/mm/yyyy	_____	_____	(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	dd/mm/yyyy	_____	_____	(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	dd/mm/yyyy	_____	_____	(Spouse/Son/Daughter)
Family/Last Name	Given/First Name	dd/mm/yyyy	_____	_____	(Spouse/Son/Daughter)

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

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