Certification of Financial Support
for International Undergraduate or Intensive English Students

Section A: Student Information

Family/Last Name:                  Given/First Name:                  Middle Name:                  WSU ID Number (if known):

Date of Birth (dd/mm/yyyy):                  Email:

Section B: Estimated Expenses (12 Months)

Tuition and Fees                  $15,300
Housing and Meals                  15,424
Books                  1,375
Medical Insurance                  1,489
TOTAL                  $33,588 (plus living expenses for any dependents who come with you)

Will you bring dependents with you to the U.S.?

Yes*                  No

*If yes, please complete page 2.

Section C: Sponsorship Information

INSTRUCTIONS: What is the source of funding for your education? You must mark at least one of the options below:

☐ Parent or Family Member

• Name of Parent/Family Member:

• Relationship to Student (Example: Father, Aunt, Cousin, Brother, etc.):

• Bank Statement Requirements:
  1) Bank statement must have the parent or family member’s name written IN ENGLISH
  2) Must be an original and be on bank letterhead
  3) Must be dated within the last 6 months
  4) May be in any currency
  5) If not in English, must be accompanied by an official translation

☐ Personal Funds of Student

• Bank Statement Requirements:
  1) YOUR NAME must be listed in English on the bank statement
  2) Must be an original and be on bank letterhead
  3) Must be dated within the last 6 months
  4) May be in any currency
  5) If not in English, must be accompanied by an official translation

☐ SACM-Sponsored Saudi Arabian Student

• Nomination Letter Requirements:
  1) Nomination letter may be a photocopy or original
  2) If bringing dependents, the nomination letter must state that dependents are covered

☐ Scholarship from:

• Scholarship Letter Requirements:
  1) Your scholarship letter may be a photocopy or original
  2) If bringing dependents, your scholarship letter must state that dependents are covered

☐ Other Source of Funding:

• Must provide official evidence of support

Section D: Signature

I agree to make available the total amount as listed above for this 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 which will negatively affect the student’s immigration status in the U.S. By signing below, I agree to and understand the above statements.

Signature of Sponsor

(Not required for SACM/Scholarship Students)

Date (dd/mm/yyyy)

Section E: Mailing Instructions

Send by Post to: Wichita State University
International Education
1845 Fairmount Street
Wichita, Kansas 67260-0122 USA

Telephone: 1-316-978-3232
**SECTION F: STUDENT INFORMATION**

Family/Last Name: ___________________________  Given/First Name: ___________________________
Middle Name: ___________________________  WSU ID Number (if known): ___________________________
Date of Birth (dd/mm/yyyy): ___________________________  Email: ___________________________

---

**SECTION G: DEPENDENT INFORMATION**  (Please provide a passport copy for each dependent)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name of Dependent as listed in passport (Family Name, Given Name)</th>
<th>Date of Birth (dd/mm/yyyy)</th>
<th>Country of Birth</th>
<th>Country of Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Son ☐ Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Son ☐ Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Son ☐ Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Son ☐ Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Son ☐ Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Son ☐ Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Son ☐ Daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**SECTION H: ADDITIONAL FUNDING FOR DEPENDENTS**

**STUDENT EXPENSES**

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$15,300</td>
</tr>
<tr>
<td>Housing and Meals</td>
<td>$15,424</td>
</tr>
<tr>
<td>Books</td>
<td>$1,375</td>
</tr>
<tr>
<td>Medical Insurance</td>
<td>$1,489</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$33,588</strong></td>
</tr>
</tbody>
</table>

Add Spouse (Enter $3,000 if bringing spouse): $ __________
Add Children (Enter $2,000 for EACH CHILD): $ __________

**TOTAL AMOUNT REQUIRED ON BANK STATEMENT:** $ __________

Revised 07/2014