



Graduate School
 Oregon State University, 300 Kerr Admin Bldg., Corvallis, OR 97331 USA
 Phone: 541-737-4881 or 1-877-648-0088 Fax: 541-737-3313
 web: <http://oregonstate.edu/Admissions/international>
 e-mail: graduate.admissions@oregonstate.edu

INTERNATIONAL GRADUATE STUDENT CERTIFICATION OF FINANCES FORM 2009-10

All international applicants to Oregon State University, including applicants for graduate assistantships, must complete this form and return it to the Graduate School (address above).

Please type or print carefully.

1. LEGAL NAME: _____

Last (Family)
First
Middle
2. GENDER: Male Female _____
3. CURRENT MAILING ADDRESS: _____
4. HOME COUNTRY MAILING ADDRESS: _____
5. PHONE: _____ 6. EMAIL: _____
(Country and City Code)
7. DATE AND PLACE OF BIRTH: _____
(MM/DD/YY) City Country
8. COUNTRY OF CITIZENSHIP: _____ 9. COUNTRY OF LEGAL RESIDENCE: _____
10. PROPOSED DEGREE: Master's Doctoral Graduate Certificate
11. PROPOSED FIELD OF STUDY: _____ 12. MARITAL STATUS: Married Single
13. WILL ANY OF YOUR DEPENDENTS (SPOUSE AND/OR CHILDREN) COME TO THE U.S. WITH YOU? Yes No
 If yes, how many? _____
14. PLEASE PROVIDE INFORMATION FOR EACH DEPENDENT (SPOUSE AND/OR CHILDREN):

Last / First / Middle Name	Relationship	City & Country of Birth	Country of Citizenship	Date of Birth (MM/DD/YY)

15. ARE YOU CURRENTLY IN THE UNITED STATES? Yes No If you answered Yes, complete parts A, B, and C.
 If you answered No, please proceed to Part D.

A. Visa Classification

- Student (F-1) I-20 Expiration Date: (line5) _____
- Exchange Visitor/Student (J-1) DS-2019 Expiration Date: (box 3) _____
- Other (please specify, including expiration date): _____

B. NAME OF INSTITUTION YOU ARE ATTENDING IF YOU HOLD A STUDENT VISA: _____

C. IF YOU CURRENTLY HAVE A VISA, DO YOU WISH TO REMAIN IN THIS TYPE OF VISA STATUS: Yes No
 In either case, please attach a copy of your current I-20, DS-2019 or I-94 to this form.

D. PLEASE ATTACH A PHOTOCOPY OF YOUR PASSPORT IDENTIFICATION PAGE AND THE SAME FOR EACH DEPENDENT WHO WILL ACCOMPANY YOU.

APPLICANT NAME: _____
 LAST FIRST MIDDLE

DECLARATION OF FINANCES

If it is determined that you are admissible to Oregon State University, OSU can provide you with an I-20 (F-1) or DS-2019 (J-1) only after you submit satisfactory evidence that you have adequate funds for your proposed program of study. Acceptable financial documents must not have been issued more than nine (9) months before the term you intend to enroll at OSU and must accompany this form. Be sure to keep copies of these documents as you will need to present them to the U.S. Consular Officer at your visa interview and to the U.S. Immigration Officers at the Port of Entry. Please note: U.S. visa regulations restrict student employment, and therefore, it is important not to rely on employment for income to offset your educational expenses. If you are interested in a graduate assistantship, please contact the department directly for more information. Availability can vary from year to year and many graduate students are offered assistantships only during their second year of study at OSU.

Estimated costs: These figures cover the cost of tuition, fees, and a modest estimate for room, board, books, supplies, health insurance (required of all international students and accompanying family members), and incidental expenses. Summer tuition and fees are not included in the estimates. Costs tend to increase slightly from year to year. To help you prepare financially, Master's degree programs are 2-3 years in length, and Doctoral programs are 3-6 years in length. You and your sponsor must prepare to meet the ongoing costs of your educational and living expenses, not only for the first 12 months, but for the duration of your studies at OSU. Additional resource fees, ranging from \$105-\$1,290 per year, may be required of some majors. For a comprehensive list of resources fees required by major, please visit: http://oregonstate.edu/fa/businessaffairs/studentfinance/tuition/tuition_info (click on Resource Fees and year shown).

	Graduate	MBA	MPH	Additional Expenses	
Tuition (9 months)	\$15,685	\$17,910	\$19,540	First Dependent	\$8,600
Fees (9 months)	\$1,865	\$1,865	\$1,865	(12 months including health insurance)	
Room/Board (12 months)	\$8,100	\$8,100	\$8,100	Additional Dependents	\$3,790
Incidentals (12 months)	\$2,475	\$2,475	\$2,475	Summer Tuition and Fees	\$2,390
Books (9 months)	\$1,575	\$1,575	\$1,575		
Health Insurance (12 months)	\$1,170	\$1,170	\$1,170		
TOTAL:	\$30,870	\$33,095	\$34,725		

16. PLEASE LIST AND DOCUMENT THE AMOUNT OF MONEY AND THE RESOURCES OF YOUR FINANCIAL SUPPORT DURING YOUR PROGRAM OF STUDY AT OSU.

SOURCE OF FUNDING	DOCUMENTS REQUIRED	AMOUNT OF SUPPORT
Personal Savings	Original bank letter with date account opened, average and current balance, not more than nine (9) months old before the term you intend to enroll at OSU.	\$ _____
Parent or Sponsor	Same as above plus the Affidavit of Support section completed below.	\$ _____
Salary While on Leave	Original, validated letter from employer	\$ _____
Government or Sponsoring Agency	Original or certified copy of award letter	\$ _____
Oregon State University	Copy of award letter or source of anticipated support	\$ _____

AFFIDAVIT OF SUPPORT

To be completed by a parent, family guarantor, or applicant even if support is personal funds.

I hereby certify that I am willing and able and that I do promise the amount of \$ _____ per year payable in U.S. dollars for educational expenses of (student's name) _____, who is my (relationship) _____ while at

OSU. Documentation of my financial resources is attached to this affidavit of support.

Signature of Sponsor _____ Name of Sponsor (printed) _____

Address of Sponsor _____ Date _____

17. CERTIFICATIONS AND SIGNATURES

I certify that all statements on the Certification of Finances form are true and accurate information and that the stated funds are available for my education expenses at Oregon State University during the period specified. I will notify OSU of any changes in my financial circumstances. Furthermore, I understand that the information I have provided cannot be given to anyone except to me without my written permission.

Student Signature (required) _____ Date _____

Printed Student Name (required) _____

RELEASE OF INFORMATION AUTHORIZATION STATEMENT

(Optional) I authorize _____ to make inquiries on my behalf during the application process.

Student Signature _____ Date _____